

University of Alberta

Experiences of Hope in a Domestic Abuse Shelter Worker

A Case Study

By

Shelly Bernard



**A thesis submitted to the Faculty of Graduate Studies and Research in partial
fulfillment of the requirements for the degree of Master of Education**

in

Counselling Psychology

Department of Educational Psychology

**Edmonton, Alberta
Fall 2000**



National Library
of Canada

Acquisitions and
Bibliographic Services

395 Wellington Street
Ottawa ON K1A 0N4
Canada

Bibliothèque nationale
du Canada

Acquisitions et
services bibliographiques

395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file Votre référence

Our file Notre référence

The author has granted a non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of this thesis in microform, paper or electronic formats.

The author retains ownership of the copyright in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de cette thèse sous la forme de microfiche/film, de reproduction sur papier ou sur format électronique.

L'auteur conserve la propriété du droit d'auteur qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

0-612-59749-0

Canada

University of Alberta

Library Release Form

Name of Author: Shelly Ann Bernard

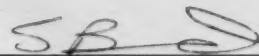
Title of Thesis: Experiences of Hope in a Domestic Abuse Shelter Worker – A Case Study

Degree: Master of Education

Year this Degree Granted: 2000

Permission is hereby granted to the University of Alberta to reproduce single copies of this thesis and to lend or sell such copies for private, scholarly or scientific research purposes only.

The author reserves all other publication and other rights in association with the copyright in the thesis, and except as herein before provided, neither the thesis nor any substantial portion thereof may be printed or otherwise reproduced in any material form whatever without the author's prior written permission.



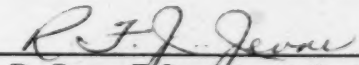
St. Louis RR#1
Prince Edward Island
C0B 1Z0

Date: May 15 2000

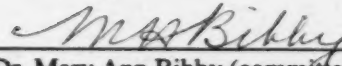
University of Alberta

Faculty of Graduate Studies and Research

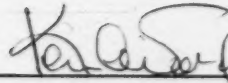
The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled "Experiences of Hope in a Domestic Abuse Shelter Worker - A Case Study" submitted by Shelly Ann Bernard in partial fulfillment of the requirements for the degree of Master of Education in Counselling Psychology.



Dr. Ronna E. Jevne (supervisor)



Dr. Mary Ann Bibby (committee member)



Dr. Ken Ward (committee member)

Date: May 9, 2000

ABSTRACT

Research has demonstrated that hope is an important element in the helping relationship, that the helper must both possess hope and work to instill hope in the individuals seeking help. The purpose of this case study was to examine the personal and professional experiences of hope in a domestic abuse shelter worker, and to explore the factors that contribute to the creation and maintenance of hope.

Two methods of data collection were used: A series of in-depth interviews and a brief observational period. The salient themes that emerged from the data include: (1) That hoping is an active process and work is required to create and maintain hope, (2) That hope is a "contagious energy", and (3) That hope is a crucial element in helping those individuals who have been victimized by violence. Findings of this case study have implications for the hiring of new domestic abuse shelter staff.

ACKNOWLEDGEMENTS

I dedicate this thesis to Paulette Bernard, a good friend who died before her time. You inspired me to be a better person. You will always be remembered and have a place in my heart.

I want to express my heartfelt appreciation to my family. To Mom and Dad, Annie and Eddie, there are no words to express how deeply grateful I am for your generous support and inspirational words. To my sister, Betty-Ann, thank you for encouragement and for believing in me. To my "big brother" Dane, thanks for helping me up when I fall down. To my nephew, Chauncy, thanks for making me laugh. And to my grandmother, Mae, thank you for giving me "hope".

To "Sandra" thank you for your participation and for allowing me to learn from you. Finally, I would like to give my sincere thanks to Dr. Ronna Jevne, my thesis supervisor for her wonderful support and gentle encouragement throughout this process.

TABLE OF CONTENTS

CHAPTER I	1
INTRODUCTION	1
Background to the Study	1
CHAPTER II	10
REVIEW OF PREVIOUS LITERATURE	10
Hope	11
Perspectives on Hope	12
Hope in the Counselling Relationship	18
Vicarious Traumatization	22
Burnout	25
Burnout in Shelter Workers	27
Summary	29
Statement of Aims of the Current Study	30
CHAPTER III	31
METHODS	31
Rationale for a Qualitative Study	31
Rationale for the Case Study Method	31
The Case Study Method	32
Types of Cases	33
Bracketing: Personal Perspective	34
Participant Selection	41

Background Information	42
Data Collection	44
Data Analysis	47
Trustworthiness	49
Ethical Considerations	50
Limitations	52
CHAPTER IV	54
FINDINGS	54
(I) Description of the Work Environment	54
Physical Description of the Shelter	54
Two Important Daily Routines	55
Cross-over	55
Supper	57
Salient Themes	57
Sincere Concern and Respect for Others	57
Hope	59
Adaptability and Flexibility	60
The Importance of Communication	60
(II) Personal Experiences of Hope	63
Sandra's Hope Continuum	63
Hopefulness and Hopelessness:	
Anchors of Sandra's Hope Continuum	63
Hope Continuum Grows with Age	63

Life Spent in Transition From Hopeless to Hopeful	63
Movement Along the Hope Continuum	
is an Active Process	64
A "Shift" is Required for Movement to Begin	64
Hope Creates Hope	65
The Lived Experience of Hope	65
Awareness of Hope	65
Hope Comes From Adversity	66
Hope is Empowerment	67
The Ability to Formulate Future Goals	67
The Belief That She can Reach Goals	67
The Energy Required to Reach Goals	68
Ability to Hope Enhanced With Maturity	68
Hope is the Removal of Barriers	68
Hope Occurs in Relation to Others	69
Hope that is Received	69
Hope that is Given	69
Hope is Spirituality	70
Hope is a World View	71
Hope is Contagious	71
(III) Professional Experience of Hope	71
The Professional Hope Continuum	72
Factors Influencing Sandra's Placement on the Hope Continuum ..	72

“Catching” Hope	73
Individual Hope	73
Inter-agency Hope	73
Intra-agency Hope	74
Change	74
Societal Change	74
Service Change	75
Individual Change	76
Resources	76
Societal Level	77
Resources Offered to Residents	77
Resources for Shelter Staff	77
Shelter Level	78
Resources Offered to Residents	78
Resources for Shelter Staff	78
Individual Level	78
Resources Offered to Residents	78
Resources for Shelter Staff	79
Team Work	79
Shelter Team	80
Intra-agency Team	80
Validation	81
Residents	81

Organization	81
Community	82
Communication	82
Shelter Team	82
Organization	83
Inter-agency	83
Work Dynamics	84
A Feminist Organization	84
Nature of Trauma Work	85
Threat of Violence	85
Experiencing Adversity	86
Staff Difficulties	86
Struggles Assisting Women	86
Hope Creates Hope	87
Person Influences the Professional Hope	87
The Importance of Hope in the Work	88
Impact of Hope on the Individual	88
Hope Influences how Sandra Approaches the Work	88
Hope Influences how Sandra Evaluates her Success	89
Hope Influences Interactions with Residents	89
Impact of Hope on the Team "Togetherness"	90
Impact of Hope on Residents	91
Instilling Hope	91

Ability to Maintain Hope	92
The Individual Factors	93
Belief that to Have Hope is a Responsibility	93
Self-care Strategies	93
Spirituality	94
Setting Clear Boundaries	94
Personal Support Network	94
A Desire for Personal and Professional Growth	95
Shelter Environment	95
A Feminist Philosophy	95
"Magical" Moments	95
Rituals	96
Small Projects	97
The Organizational Factors	97
Professional Support	97
Movement Toward Change	98
CHAPTER IV	99
DISCUSSION	99
Summary	104
Implication for Practice	105
Implication for Further Research	106
REFERENCES	108
APPENDIX A	119

Orienting Instructions	119
APPENDIX B	120
Consent Form	120
APPENDIX C	121
Interview Guide	121
APPENDIX D	123
Domestic Abuse Shelter Administrators' Consent Form	123

CHAPTER I

INTRODUCTION

Background to the Study

Domestic violence, or what is now sometimes called intimate partner violence, is no longer a topic that our society chooses to ignore. Television movies and advertisements have helped to raise societal awareness of this issue and tell us of the anguish caused by such acts of violence. However, unless one experiences first hand the violence of a partner, we are oblivious to the true emotional, physical and spiritual pain that result from such acts of violence. Domestic shelter workers are often one of the first people to greet abused women immediately after they leave a crisis situation, and as such often hear the graphic details of this suffering.

Domestic violence does not discriminate; it is a crime that affects people of all cultures, races, ages, and income levels (Social Work Web Ring, 1997). Reported cases of abuse show that the predominate form of domestic abuse is directed towards women at the hands of their male partners. It has been reported that "95% of reported cases of domestic violence involve a male batterer and female victim" (Victim Services, 1999. 2 Lafayette Stress, New York, NY. <http://www.sheltertour.org/main.html> : August 10, 1999). Domestic violence can occur in many forms: It can be psychological, physical, financial, spiritual, and/or sexual in nature (Hughson, 1997). In extreme cases this violence can result in murder; it has been reported that 42% of murdered women are killed by their male partners (Family Violence Prevention Fund [FUND] Website, 1997). It is difficult to get accurate statistics on the rate of domestic violence because it often

goes unreported by victims. The U. S. Department of Justice, Bureau of Justice Statistics maintain that only "about half of the incidents of intimate violence experienced by women are reported to the police... (Bureau of Justice Statistics [BJS] Website, 1998).

- As an estimate, in a study that randomly sampled Alberta residents, Kenedy and Dutton (1989) found that the rate of husband to wife violence was 11.2 percent, a figure that the researchers argue is comparable to those found in the United States. Given the high rate of domestic abuse there is a large demand for support services. Hughson (1997) maintains that there is an increasing demand for shelters in Canada for women who seek refuge from their abusive relationships.

Shelters for abused women are located in all Canadian provinces in an effort to provide refuge for women and children who are fleeing an abusive relationship. In addition to providing safety and shelter, these houses provide support services for residents. The role of a shelter worker is multifaceted. Shelter workers often act as a victim's advocate in dealing with different organizations, for example with the police, social services, legal agencies, and counselling services. Although not professional therapists, shelter staff often help the resident make decisions that will effect her future (Stone, 1984). In addition, shelter staff also support women through this emotionally painful experience, and often witness the psychological and physical symptoms experienced by the residents. These symptoms include, depression (Campbell, Sullivan & Davidson; Kemp, Raulings & Green, 1991), flashbacks, nightmares, feelings of numbness, irritability, anger, fear (Kemp, et al. 1991), heightened anxiety, dissociation and sleep disturbances (Dutton & Painter, 1993). It is also reported that some abused

women, including those in shelters, experience Post Traumatic Stress Disorder (PTSD) (Astin, Lawrence, & Foy, 1993; Kemp, et al., 1991; Saunders, 1994).

The role of a shelter worker can be a dangerous one. In addition to providing safety and support for women and children in crisis, staff must be wary of retaliation from the abuser. Often the abuser will threaten his partner with suicide and homicide if she leaves (Ryback & Bassuck, 1986). When these desperate attempts to manipulate and control his partner fail and she leaves the home, she is often at higher risk for further violence from her abusive partner, including an increased risk of being murdered (Abuse Counseling and Treatment [ACT] Website, 1999). The close physical proximity of the shelter staff to the residents creates a situation in which the workers are also in danger of being subjected to the violent outbursts of the abuser. Evidence of this constant threat comes from the Coup d'Elle Shelter in Saint-Jean-sur-Richelieu, Quebec. As reported in the Montreal Gazette, Ginette Rogers, after 20 years of marriage, was shot and killed by her husband while "protected" by the walls of the shelter. Rogers' husband, who was charged with first degree murder and arson after the incident, forcibly entered the secured building late one June 1999 night. Armed with a shotgun, he approached the only worker on duty and demanded to know where his wife was located. He began to search for his wife, found her, and fatally shot her (Beaudin, 1999; Beaudin, King, & Parks, 1999). After shooting his wife, using gasoline, he unsuccessfully attempted to start a fire in the shelter (Beaudin, King, & Parks, 1999). Although no one else present in the shelter, including the shelter worker, was physically injured during this "attack", this violent incident illustrates the potential danger associated with shelter work.

A puzzling phenomenon occurs with respect to domestic violence. Unlike other violent crimes, women who are in abusive relationships find it difficult to leave the abusive situation. Estimates of the length of time women remain in an abusive relationship vary. Kemp, Raulings, and Green (1991) found that the average time spent in an abusive relationship was 4.3 years, others report a mean length of 6.4 years (Kulh, 1984), 7 years (Stone, 1984), 7.8 years (Limandri, 1987), and 11.5 years (Dutton & Painter, 1993). There are many reasons women choose to remain in the relationship, for example, love for the abuser and a belief that the abuser will change (Frisch & MacKenzie, 1991), fear of retaliation (Frisch & MacKenzie, 1991; Ryback & Bassuck, 1986), low self-esteem, parenting responsibilities, and lack of social support, (Forte, et al., 1996), financial dependency (Walker, 1978), lack of social support (Forte, Franks, Forte, & Rigbsy, 1996), and a lack of alternatives (Frisch & MacKenzie, 1991). It could also be argued that remaining in an abusive relationship is a learned behaviour. Some abused women report growing up in an abusive home where they themselves were abused or where they witnessed abuse between their parents, and others report experiencing prior abusive relationships as adults (Dutton & Painter, 1993; Kemp, et al., 1990). These factors combined may contribute to a belief that they do not deserve better, that abuse in relationships is "normal", and/or an inability to trust that all relationships are not abusive.

Women who do leave the relationship often do so to benefit their children. Newman (1993) demonstrated that "Most [women] stated their children's school performance declined and that their children became withdrawn or violent at times in

response to the abusive environment" (p. 110). Interestingly, many women who leave their partners eventually return (Rusbult & Martz, 1995). Sullivan & Davidson (1991) found that 95.1% of women left their abusive partner at least once prior to entering a shelter, and that a small portion of women interviewed reported over 10 failed attempts. Dutton and Painter (1993) found that on average women unsuccessfully attempted to leave 2.1 times. Some women return to abusive relationships believing that their abuser will change his behaviours; that the violence will stop. However, similar to the reasons women remain in an abusive relationship, there are many other reasons why abused women choose to leave a shelter and return to their partners. These reasons include but are not limited to: feeling committed to her partner (e.g., being married, having a longer relationship, having children) and lack of adequate alternatives (Rusbult & Martz, 1995), lack of financial resources or employment, a need to provide for their children, to prevent friends and family from harassment by their partner, and the frustration associated with inadequate assistance from the justice system and social services (Newman, 1993). A quote from a participant in the Newman (1993) study demonstrates this sense of frustration or hopelessness. "It's not easy, you just get hassled out there. Sometimes I feel like giving up and going back. I can take the beatings as long as I have a place to stay for me and my kids and I know where the food is coming from" (p. 111).

Working with abused women is a unique experience that differs in many ways from working with other trauma victims. Unlike other victims of many other violent crimes, this violence is inflicted by someone who is intimately involved with the woman. Unlike other violent crimes, the victim often remains in the violent situation for years

before attempting to leave. Unlike other violent crimes there is a connection that holds the victim to the perpetrator; a connection that makes the woman stay and makes her return again and again if she does leave. Unlike many other populations, some of these women must confront a life-time of abuse; whether it be previous abusive adult relationships or experienced or witnessed abuse as a child. Because of the unusual circumstances involved, some may believe that working with these women is hopeless, or those who do work with these women may become discouraged at their perceived lack of success.

Not only is working with this population a unique experience, so too is working in a domestic abuse shelter. Shelter work involves 24 hour crisis intervention. In an attempt to remain unobtrusive, the outward appearance of a shelter is like any other home. To ward against potential retaliation from abusive partners, attempts are also made to keep the location of the shelter a secret. Inside, the staff try to make the "house" feel like a home, and all residents and staff work co-operatively to make the house run smoothly. When I worked alone in the house, I always had a heightened awareness of what could happen. The crisis intervention nature of the work environment required us to be prepared for anything at anytime and working alone required workers to remain in control of every situation.

Because of the crisis intervention nature of the work, one is often not provided with a sense of closure. One often asks the questions "What happened to the woman after she left?" or "Is she okay?". A comment made by a house manager at a shelter on Prince Edward Island sums up these feelings, "I always look in the obituaries to find out

if any of our residents have died." (Personal Communication, Ellen Ridgeway, October 15, 1998). This statement also reflects the sense of powerlessness experienced by many of the staff.

The revolving door phenomenon, in which a woman will repeatedly return to her abusive partner makes working with domestic violence victims unique and challenging. Initially in my work at the shelter, regardless of the amount of previous separation attempts a woman made, each time a woman left an abusive relationship I believed that this latest attempt would be successful. Often, when a woman entered a shelter numerous times, staff would comment on the fact that she would probably return to her partner after just a few days. Although reality and experience dictated that these conclusions were probably accurate, I wondered what effect this pragmatic yet "hopeless" attitude had on the residents of the shelter. I wondered if this belief would interfere with the level of commitment that would be shown to the women.

My time working at the shelter gave me an opportunity to witness the work of a woman who appeared to remain hopeful that she could make a difference in the lives of all women who entered the shelter, even if they had temporarily left their abusive partner numerous times. Because my experience at the shelter allowed me to witness the spectrum of staff reactions, I often wondered what it was that made the reactions different. I wondered what it was about this woman that made her stand out, both to the staff and residents of the shelter. I wondered what allowed her to remain so empathic toward the women, and hopeful and enthusiastic about her work.

Hope is said to be an important element in a helping environment. Researchers

maintain that "hope" is an important ingredient in the therapeutic (or helping) relationship (Dufrane & Leclair, 1984; Manrique, 1984; McEniry, 1985; Ruvelson, 1990; Synder, 1995; Tollett & Thomas, 1995). It is argued that in order for change to occur hope must be present in both the client and the therapist (Synder, 1995). Further, as hope is seen as "contagious", or transferred from the therapist to the client (Beavers & Kaslow, 1981; Manrique, 1984), it is important that the therapist remain hopeful that his/her client's circumstances will change. Although domestic abuse workers are not engaging in formal therapy work with the residents, I believe that feelings of hope and/or hopelessness will impact the supportive work carried out in a shelter.

Although hope is seen as a crucial element in the healing relationship, researchers maintain that working with trauma victims (e.g., domestic abuse victims), can negatively impact a workers level of hopefulness (Pearlman, 1995; Rosenbloom, Pratt, & Pearlman, 1995). Researchers maintain that those who work closely with trauma victims begin to develop the same symptoms experienced by their clients (Arvay & Uhlemann, 1996; Benedek, 1984; Blair & Ramones, 1996; Clark & Gioro, 1998; Neuman & Gamble, 1995; Pearlman, 1995; Pearlman & Saakvitne, 1995; Schauben & Frazier, 1995), and some have used the term "vicarious traumatization" to explain this phenomenon (Blair & Ramones, 1996; Neuman & Gamble, 1995; Pearlman, 1995; Pearlman & Saakvitne, 1995). Further, factors commonly associated with domestic abuse shelter work (e.g. nature of the clientele and stressful work environment) are also shown to contribute to the development of professional burnout (Epstein & Silvern, 1990; McKenna, 1986). Feelings associated with professional burnout include depression, detachment and loss of

vitality (Freudenberger, 1990). How then, in a work environment which has the potential of fostering feelings of hopelessness, can a worker remain hopeful in her life and in her work?

The aim of the present study was to use a qualitative research method to gain a deeper understanding of the personal and professional experience of hope in an exceptional shelter staff member. In addition, I was interested in better understanding the factors that contributed to the creation and maintenance of hope.

CHAPTER II

REVIEW OF PREVIOUS LITERATURE

This literature review will emphasize the importance of hope in the helping relationship, address aspects of trauma work that negatively influence a worker's ability to remain hopeful, and point to gaps in the current literature. To elaborate, researchers maintain that trauma related work can have negative personal and professional consequences for the worker (Arvay & Uhlemann, 1996; Astin, 1997; Benedek, 1984; Blair, & Ramones, 1996; Boniello, 1990; Clark & Gioro, 1998; Epstein & Silvern, 1990; Fargason, 1995; Henning, 1987; Limandri, 1987; McKenna, 1986; Maslach & Jackson, 1979; Pearlman, 1995; Pearlman & Saakvitne, 1995; Rosenbloom, Pratt & Pearlman, 1995; Schauben & Frazier, 1995; Vesper, 1995; Vesper, 1998; Weaver, Varvaro, Connors, & Regan-Kubinski, 1994). Two of the identified "hazards" of trauma work include vicarious traumatization (Pearlman, 1995; Pearlman & Saakvitne, 1995; Rosenbloom, Pratt, & Pearlman, 1995) and burnout (Arvay & Uhlemann, 1996; Epstein & Silvern, 1990; Maslach & Jackson, 1979; McKenna, 1986; Vesper, 1995; Vesper, 1998). Included within the negative aspects of trauma work are feelings of hopelessness (Freudenberger, 1990; Pearlman, 1995; Rosenbloom, Pratt, & Pearlman, 1995). Further, previous literature indicates that hope is an important element in the helping and healing relationship (Dufrane & Leclair, 1984; Manrique, 1984; McEniry, 1985; Ruvelson, 1990 Synder 1995; Tollett & Thomas, 1995). Given the potentially negative impact of domestic abuse work and the importance of hope within the context of this work, it is important to examine how an individual can counteract the negative consequences often

associated with this work and retain the ability to be hopeful.

Hope

To date, no research has been conducted which examines how a shelter worker experiences and maintains hope. Therefore this review of the hope literature will provide a brief overview of the research that has been conducted in the area of hope, explore different perspectives on hope, and point to its perceived importance in the counselling relationship. Much of the hope literature has focused on the realm of physical illness. For example, *HIV* (Hall, 1994; Rabkin, Williams, Neugebauer, Remien, & Goetz, 1990; Wong-Wylie & Jevne, 1997), *burn injury* (Barnum, Synder, Rapoff, Mani, & Thomson, 1998) *chronic illness* (Martocchio & Dufault, 1985; Miller, 1985; Nikolaichuk & Bruera, 1998; Perakyla, 1991; Raleigh, 1992), *disability* (Elliott, Witty, Herrick, & Hoffman, 1991), and *cancer* (Buehler, 1975; Irving, Synder, & Crowson, 1998; Martocchio & Dufault, 1985; Mickley, Soeken, & Belcher, 1992; Nowotny, 1989; Perakyla, 1991). And within this literature the focus has often been on the patients' experiences of hope (Barnum, et al., 1998; Buehler, 1975; Dufault & Martocchio, 1985; Hall, 1994; Mickley, Soeken, & Belcher, 1992; Rabkin, et al., 1990; Raleigh, 1992; Wong-Wylie & Jevne, 1997) and the professional's responsibility to instil and foster hope in their patients (Barnum, et al., 1998; Dufault & Martocchio, 1985; Forbes, 1994; Gaskins & Forte, 1995; Hall, 1994; Miller, 1985; Nowotny, 1989; Raleigh, 1992; Tollett & Thomas, 1997; Wong-Wylie & Jevne, 1997). Within this literature, hope-fostering strategies and techniques are discussed (Barnum, et al., 1998; Dufault & Martocchio, 1985; Gaskins & Forte, 1995; Fischer, 1988; Forbes, 1995; Raleigh, 1992; Miller, 1985; Nowotny, 1989).

Underrepresented within the hope literature is the importance of hope in a therapeutic or counselling relationship, especially crisis intervention or short term counselling relationships. Further, although researchers contend that hope is a key element in the therapeutic relationship (Dufrane & Leclair, 1984; Manrique, 1984; McEniry, 1985; Ruvelson, 1990; Synder 1995; Tollett & Thomas, 1995) and that professionals "should have hope" (Dufrane & Leclair, 1984; Manrique, 1984; McEniry, 1985; Ruvelson, 1990; Synder 1995) little research has been conducted which examines how the professional helper experiences and maintains hope.

Perspectives on Hope

Based on interviews with cancer and terminally ill patients, Dufault and Martocchio (1985) describe hope as having two spheres and six dimensions. Generalized and particularized hope make up these two spheres. Particularized hope has a focus and, unlike generalized hope which is global and abstract, centres on a specific object or desired outcome. Within each sphere are six common yet discrete dimensions that include; affective, cognitive, behavioral, affiliative, temporal, and contextual dimensions. Based on this research, Dufault & Marocchio (1985) define hope as:

... [A] *multidimensional* dynamic life force characterized by a *confident* yet *uncertain* expectation of achieving a future *good* which, to the hoping person, is *realistically* possible and *personally significant*....Hoping is not a single act but a complex of many thoughts, feelings, and actions that change with time (p. 380).

Based on their multidimensional definition of hope, Dufault and Martocchio (1985) argue

that hope is always present - that one is never without hope.

Other researchers have focused specifically on the cognitive dimension of hope, for example Irving, Synder, and Crowson (1998) define hope as:

A cognitive set comprised of two goal related factors: agency and pathways.

Pathway thinking refers to thoughts that one can generate for attaining goals;

agentic thinking refers to the perceptions involving one's capacity to initiate

and sustain movement along the chosen pathways (p. 196).

Agency and pathways are found to be highly correlated with each other, however each remain a distinct factor (Babyak, Snyder, & Yoshinobu, 1993), and both agency and pathways must be present to produce hope (Synder, 1995). Synder (1995) does not maintain that emotions are irrelevant. Rather he views the emotions experienced by the individual as a by-product of their cognitive assessment of the situation. "Higher hope persons, with their elevated sense of agency and pathways for situations in general, approach a given goal with a positive emotional state..." (p. 355).

McGee (1984) argues that hope has both trait and state components: that individuals are predisposed to experience a certain level of hopefulness, and that this predisposition in conjunction with present life events or environmental circumstances dictate the level of hope (or hopelessness) which will be experienced by the individual. McGee (1984), argues that the trait component of hope allows different individuals to experiences varying degrees of hope under similar life circumstances. Similarly, Synder, et al., (1996), maintain that individuals have both state and dispositional (trait) hope. Synder et al., (1996) view dispositional hope as more or less stable, whereas state hope

fluctuates regularly, and these researchers argue that the "...level of dispositional hope should set a band within which persons should respond with state hope, so that persons with higher as compared with lower dispositional hope should respond within a range of generally higher state hope in their daily lives" (p. 326).

Many writers describe hope as future oriented and goal directed (Benzein & Saveman, 1998; Barnum, et al., 1998; Carson, Oseken, & Grimm, 1988; Dufrane & Leclair, 1984; Dufault & Martocchio, 1985; Gaskin & Forte, 1995; Haase, Britt, Coward, Leidy, & Penn, 1992; Hinton-Nelson, Roberts, & Synder, 1996; Irving, Synder, & Crowson, 1998; Miller, 1985; Miller & Powers, 1988; Synder 1995; Synder, et al., 1996; Raleigh, 1992). This future goal must hold personal meaning to the "hoping" person (Dufault & Martocchio, 1985; Nowotny, 1989). Hope is the link connecting a person's past, present and future (Dufault & Leclair, 1984; Dufault & Martocchio, 1985; Gaskin & Forte, 1995; Nekilaichuck & Bruera, 1998). Individuals may look at the past to determine the achievability of future goal; if one has succeeded in the past there is a greater belief that future goals are attainable (Dufault & Martocchio, 1985; Forbes, 1994; Synder 1995). To the degree that the future goals are deemed attainable, a person will adjust their present behaviours and/or attitudes in a manner that will lead to the successful achievement of future goals (Dufault & Leclair, 1984). The "future" can include the immediate or distant future (Dufault & Martocchio, 1985; Gaskins & Forte, 1995) and the hoping person also experiences a sense of uncertainty associated with the achievability of future goals (Dufault & Martocchio, 1985; Gaskins & Forte, 1995; Morse & Duberneck, 1995).

Hope is associated with *positive emotions* (Dufault & Martocchio, 1985; Gaskin & Forte, 1995; Hall, 1994; Haase et al., 1992; Irving, Synder, & Crowson, 1998; Miller & Powers, 1988; Synder 1995; Synder et al., 1996), It is described as a *personal experience* (Benzein & Saveman, 1998), *an inner confidence* (Dufrane & Leclair, 1984; Nowotny, 1989), *a motivating force* (Dufrane & Leclair, 1984; McGee, 1984), *energizing* (Forbes, 1994; Haase, et al., 1992; Irving, Synder, & Crowson, 1998; McGee, 1984), *empowering* (Dufault & Leclair, 1984), and *action oriented* (Benzein & Saveman, 1998; Carson, Soeken, & Grimm, 1988; Dufault & Martocchio, 1985; Haase, et al., 1992; McGee, 1984; Nowotny, 1989). Hope has been shown to be associated with *self-transcendence* (Forbes, 1994; Haase, et al., 1992; Gaskins & Forte, 1995), *inner peace* (Benzein & Saveman, 1998; Dufault & Martocchio, 1985; Haase, et al., 1992; Miller & Powers, 1988), and *spirituality* (Carson, Soeken, & Grimm, 1988; Dufault & Leclair, 1984; Gaskin & Forte, 1995; Haase, et al., 1992; Hall, 1994; Mickley, Soeken, & Belcher, 1992; McEniry, 1985; Miller, 1985; Nowotny, 1989; Raleigh, 1992), *which may or may not be focused on God or a Higher Being* (Gaskin & Forte, 1995; Mickley, Soeken, & Belcher, 1992; Miller, 1985).

Unlike the positive characteristics associated with hope, hopelessness has opposite connotations. Hopelessness has been associated with *apathy, feeling overwhelmed and pinned down* (Miller & Powers, 1988), *passivity and the belief that one's goals are impossible to achieve* (Beck, Weissman, Lester, & Trexlen, 1974; Campbell, 1987; Miller & Powers, 1998), *loss of control* (Campbell, 1987; Rabkin, et al., 1990), *less perceived social support* (Rabkin, et al., 1990) *despair* (Campbell, 1987; Hall,

1994; McGee, 1984), *negative affect* (Beck, Weissman, Lester, & Trexlen, 1974; Campbell, 1987; Irving, Synder & Crowson, 1998; Synder, et al., 1996), *depressive symptoms* (Rabkin, et al., 1990; Synder, 1995; Ucapher, Gallager-Thompson, Osgood, & Bongar, 1998), and *as a key element in suicidal behavior* (Beck, Steer, Kovacs, & Garrison, 1985; Ucapher, et al., 1998).

Researchers maintain that *hope arises from negative life events or crisis* (Benzein & Saveman, 1998; Dufrane & Leclair, 1984; Haase, et al., 1992; McGee, 1984; McEniry, 1985; Miller, 1985; Morse & Duberneck, 1995; Nowotny, 1989), and *that with hope one can grow* (Dufrane & Leclair, 1984; Miller, 1985) and *find meaning and purpose in life* (Gaskin & Forte, 1995; Hall, 1994; Mickley, Soeken, & Belcher, 1992; McGee, 1984; Miller & Powers, 1988). Hope has been described as "...a dynamic life process that is essential for life" (Forbes, 1994, p. 10), and hope can have powerful implications for people as it has been associated with *successful problem solving* (McGee, 1984; Synder 1995) the *successful resolution of grief* (Herth, 1990), *successful coping with illness* (Barnum, et al., 1998; Buehler, 1975; Carson, Soeken, & Grimm, 1988; Elliott, Witty, Herrick, & Hoffman, 1991; Forbes, 1994; Irving, Synder, & Crowson, 1998; Mickley, Soeken & Belcher, 1992; Miller, 1985; Miller & Powers, 1988), *successful aging* (Fischer, 1998), *superior sports* (Curry, Synder, Cook, Ruby, & Rehm, 1997) and *academic achievement* (Curry, Synder, Cook, Ruby, & Rehm, 1997; Irving, Synder, & Crowson, 1998) *psychological well-being* (Carson, Soeken, & Grimm, 1988; Dufrane & Leclair, 1984; Elliott, Witty, Herrick, & Hoffman, 1991; Miller & Powers, 1988; Rabkin, et al., 1990; Synder, 1995; Yarcheski, Scoloveno, & Mahon, 1994) and *physical health*

(Benzein & Saveman, 1998; Carson, Soeken, & Grimm, 1988; Herth, 1990).

Within the literature there is an emphasis on reality based hope; that hoping involves desiring an outcome that the "hoping person" believes is attainable (Benzein & Saveman, 1998; Dufrane & Leclair, 1984; Fischer, 1998; Forbes, 1994; McGee, 1984; Miller, 1985; Morse & Duberneck, 1995). McGee (1984) argues that as individuals mature into adulthood, we move from childhood "wishing" to reality based "hoping". Wishing differs from hoping in that it is not based in reality; that the desired outcome or object is not achievable (Dufault & Martocchio, 1985; McGee, 1984). It is argued that a "reality based hopefulness" is beneficial for patients and is seen as assisting in the healing process. (McGee, 1984). Whereas, a hope that is not grounded in reality is seen as counterproductive in the helping relationship and healing process (Beavers & Kaslow, 1981; McGee, 1984; Nikolaichuck & Bruera, 1998).

Researchers argue that hope is *experienced in relation to others* (Barnum, et al., 1998; Benzein & Saveman, 1998; Buehler, 1975; Carson, Soeken, & Grimm, 1988; Dufault & Martocchio, 1985; Fischer, 1998; Forbes, 1994; Gaskins & Forte, 1995; Haase, et al., 1992; Hall, 1994; Herth, 1990; Miller & Powers, 1988; Nowotny, 1989; Perakyla, 1991; Raleigh, 1992; Yarcheski, Scoloveno, & Mahon, 1994; Wong-Wylie & Jevne, 1997), and *this can include relationships with other people both alive and dead* (Dufault & Martocchio, 1985), *with pets* (Gaskins & Fortes, 1995), *with God or some Higher Power* (Dufault & Martocchio, 1985; Fischer, 1988; Haase, et al., 1992), *with health care professionals* (Barnum, et al., 1998; Forbes, 1994; Perakyla, 1991; Wong-Wylie & Jevne, 1997), or *counsellors/therapists* (Dufault & Leclair, 1984; Manrique,

1984; Ruvelson, 1990 Synder 1995). Supportive relationships can foster hope (Carson, Soeken, & Grimm, 1988; Dufault & Martocciho, 1985; Forbes, 1994; Gaskins & Forte, 1995; Haase, et al., 1992; Hall, 1994; Millers & Powers, 1988; Morse & Duberneck, 1995; Raleigh, 1992; Yarcheski, Scoloveno, & Mahon, 1994; Wong-Wylie & Jevne, 1997) and through these relationships with others we can both instil hope in and receive hope from another (Dufault & Martocchio, 1985; Fischer, 1988; Morse & Duberneck, 1995). Dufault and Martocchio (1985) argue that

Others serve as a source of hope in a variety of ways. By providing cues and additional information, they contribute to hoping persons' reality scanning and understanding of their situations. Actions by other persons replace, supplement, and strengthen hoping individuals' actions to achieve the hope. Other persons influence the continuation of hope by their affirmation, loving support, and encouragement, as well as by their willingness to listen, and to share hopes, associated thoughts, and feelings. ... (pp. 386-7).

Hope in the Counselling Relationship

With respect to the counselling related hope literature three main themes emerge. First, that hope is an integral part of the therapeutic process, second that the therapist must help to instil hope in the client, and third that the therapist must possess hope. Manrique (1984) in an article that discusses the work of Karen Horney, maintains that Horney's theories speak of the necessity of hope in the therapeutic process. Manrique argues that hope arises from crisis and it is the motivating force that allows clients to

change their current life circumstances in search for something better; without hope the client will remain stagnant in life. Manrique asserts that both the patient and therapist must possess hope in order for the therapeutic process to be successful. The patient must be actively involved in therapy and believe that his/her life circumstances can change. The therapist must possess both personal hope and hope for his/her client. Just as the client must have hope and strive for more, the therapist must do the same in his/her personal life. In addition, the therapist must believe in the client's success or ability to change his/her life circumstances. Just as therapy will be unsuccessful without patient hope, it will be unsuccessful if the therapist has no hope. The client will sense that the therapist has lost hope for him/her and this will lead to hopelessness in the client (a belief that their circumstances will not change).

Beavers and Kaslow (1981) also discuss the importance of hope in the therapeutic relationship and assert that often in the therapeutic process the client will "borrow hope" from the therapist, and that through the therapeutic process this borrowed hope is eventually converted into ownership of "realistic hope". Embedded in this assertion is that the therapist him/herself must have hope to give to the client.

Synder (1995) also identifies hope as an important element of successful therapy. Synder (1995) argues that the therapist must create a supportive hope fostering environment, and that the therapist can instill hope in his/her client by assisting in the development of concrete goals (agency) and step by step methods (pathways) of achieving these goals. Like Synder, Tollett and Thomas (1995), maintain in the therapeutic relationship, hope can be fostered by helping clients develop concrete goals,

assisting in the assessment of available resources, and in developing methods in which to successfully obtain the desired goal. Synder (1995) also asserts that the therapist must be aware of his/her level of hope as it has implications within the therapeutic relationships; therapists who evaluate their level of hope are evaluating their ability to be effective helpers. Synder (1995) maintains that a hopeful therapist can serve as a positive role model to his/her clients, and like Manrique (1984) and Beavers and Kaslow (1981), suggests that the therapist's hope can be transferred onto the client.

McGee (1984) although discussing hope within the medical profession, maintains that health care professionals are in "...a unique position in society because they are involved in the hope of others" (p. 42). Perakyla (1991) who examined hope in a hospital setting, asserts that "What is particular to hope work is that it is accomplished through conversation" (p. 430). McGee (1984) believes that the emphasis should be on fostering realistic hope as hope based in reality is a crucial ingredient in healing. Miller (1985) maintains that medical professionals must assist patients in a "reality surveillance" where the patient examines the realistic probability of achieving the desired goal or outcome. Further, McGee (1984) asserts that unrealistically high levels of hopefulness or unjustifiable hopelessness can be detrimental to the healing process, but maintains that the first step in instilling realistic hope in patients is to validate and empathize with their experiences of either complete hopelessness or unjustified high levels of hopefulness.

Rulvelson (1990) argues that without hope a client will not "go forward in therapy or in life" (p. 145). Revulsion (1990) believes that successful therapy demands that a therapist genuinely empathize with the client's feelings of hopelessness, while remaining

hopeful that the client's circumstances will change. Rulvelson (1990) maintains that it is counterproductive for a therapist to project hope or optimism onto a client who is unwilling or not ready to receive it. Further, Rulvelson (1990) asserts that a therapist who, without first validating the client's hopeless feelings, projects hope onto the client, is actually using this behavior as a defence mechanism - protecting him/herself from the client's despair. Also viewed as counterproductive to the therapeutic relationship is a therapist who over-identifies with a client's experiences of hopelessness and despair. The challenge for therapist's is to achieve a balance between validating the client's feelings of hopelessness and remaining hopeful for the client's success (Rulvelson, 1990).

Finally, Dufault and Leclair (1984) also view hope as an important element in the therapeutic relationship, and state that "The counseling relationship offers a partnership that has the potential to inspire hope and to develop courage to deal with life transitions" (p. 34). Similar to McGee (1984), Dufault and Leclair maintain that it is realistic hope that is beneficial to clients, as it enables clients to move beyond their current crisis. Dufault and Leclair (1984) maintain that the therapeutic relationship as well as qualities within the therapist help to foster realistic hope in the client - an honest evaluation of current circumstances and movement toward the future. Like Rulvelson (1990), Dufault and Leclair (1984) warn against projecting hope onto the client before he/she is ready to receive it - this behavior is viewed as counterproductive because it increases the client's feelings of isolation. Trust is also viewed as a crucial and necessary element within the therapeutic relationship if hope fostering strategies are to be effective. Honest and

genuine interactions with the client are seen as important in the development of both trust and fostering hope. Dufault and Leclair (1984) state:

The counselor's role is to be *with* the client in a caring, supportive, and accepting manner. Timing seems to be a very important variable in knowing when to shift from an exclusive concentration on open listening to a more active role in the exploration of meaning and reality.

Counselors bring into the relationship all that they are as persons and try to help the client view the life transition from a different, more facilitative vantage point (p. 39).

Dufault & Leclair (1984) maintain that active engagement with the client fosters hope in the therapeutic relationship, and argue that in order to genuinely engage with another human, counsellors must continuously examine and challenge themselves both personally and professionally. Dufault & Leclair also appreciate that those who witness a spectrum of human problems and emotions are often affected by this work, and wonder how it is possible to remain hopeful within these working dynamics. Further, Dufault and Leclair (1984) suggest that counsellors must continue to monitor themselves, through such things as workshops or continuing education, and "Counselors must attend to their own mental and physical health through the effective management of stress and the use of relaxation and centering techniques designed to enhance their personal development" (Dufault & Leclair, 1984, p. 40).

Vicarious Traumatization

Hope is fostered in a therapeutic or helping environment through active

engagement with the client (Dufault & Leclair, 1984). However, it is this very act of genuinely engaging with a trauma victim that can lead to the development of vicarious trauma and subsequent reduction of hope. Pearlman and Mac Ian (1995) define vicarious trauma as "the transformation that occurs within the therapist (or other trauma worker) as a result of empathic engagement with clients' trauma experience and their sequelae" (p. 558). The effects of vicarious trauma are seen as "cumulative and permanent, and evident in both a therapist's professional and personal life." (Pearlman & Saakvitne, 1995, p. 2). It has been argued that vicarious traumatization is not a result of unresolved issues or individual pathology rather it is a normal reaction to one's chosen profession (Newmann & Gamble, 1995; Pearlman & Mac Ian, 1995; Rosenbloom, Pratt, & Pearlman, 1995).

Researchers maintain that the symptoms of vicarious trauma closely resemble the symptoms directly experienced by trauma victims (Newmann & Gambles, 1995; Pearlman, 1995; Pearlman & Saakvitne, 1995; Rosenbloom, Pratt, & Pearlman, 1995), and as with trauma victims, symptoms are manifested differently among individual helpers (Pearlman, & Mac Ian, 1995; Rosenbloom, Pratt, & Pearlman, 1995). Interactions between work characteristics (e.g., nature of the clientele, work-setting) and helper characteristics (e.g., personal trauma history, current stressors/supports) can influence both the development of vicarious trauma and the manifestation of symptoms (Pearlman & Mac Ian, 1995; Pearlman & Saakvitne, 1995).

Symptoms of vicarious trauma can contribute to disruptions in a helper's "frame of reference", specifically disruptions in (1) world view, (2), spirituality, and (3) identity

(Pearlman, 1995; Rosenbloom, Pratt, & Pearlman, 1995). Disruption in a helper's world view can be manifested in changes in the way he/she views the world and those in it, for example he/she may view people as dangerous and evil (Rosenbloom, Pratt, & Pearlman, 1995). "These can be very painful shifts, as helpers may feel themselves losing their sense of hope, optimism, and connection with others" (Rosenbloom, Pratt, & Pearlman, 1995, p. 69). Spiritual beliefs may also be disrupted; helpers may begin to question the meaning and purpose of life. And finally, a helper may question his/her identity, including his/her effectiveness as a helper (Rosenbloom, Pratt, & Pearlman).

Symptoms of vicarious traumatization are also manifested through its impact on 5 psychological need areas: (1) safety, (2) trust, (3) esteem, (4) intimacy, and (5) control (Pearlman, 1995; Rosenbloom, Pratt, & Pearlman, 1995). Pearlman (1995) explains that "These needs, and our beliefs within each area, shape our relationships with others, so our [helpers] own vulnerabilities here have a major impact upon both our [helpers] personal and professional relationships" (p.60). Rosenbloom et al., (1995) provide a description of the potential symptoms associated with a disruption to each of the five need areas. For example, a helper who is experiencing a disruption in the "safety" area may become obsessed with his/her safety or the safety of others. Within the trust area, symptoms may be manifested in a helper's inability to trust self (inability to trust own judgements) or others (unwillingness to trust relationships). Disruptions to esteem can include a helper's inability to view him/her self positively because of perceived inadequacies, or the helper may develop a "pessimistic view of others and their motives"(p. 73). Helper's may experience an inability to be connected with self (e.g.,

have difficulty spending time alone) or inability to connect with others (e.g., withdraw from relationships with colleagues, friends, and family), and these symptoms reflect disruptions in a helper's intimacy need. Finally, disruptions to the control need may lead helpers to feel less in control or powerless over their own lives, or perhaps helpers may try to exert control over others in an attempt to regain the control that they have lost.

Vicarious traumatization may lead to a loss of energy and idealism and/or depression in the therapist (Newmann & Gamble, 1995). Pearlman and Saakvitne (1995) maintain that vicarious trauma can also have a negative impact on the organization. Vicariously traumatized individuals are often less likely to participate cooperatively as team members, also vicarious trauma leads to high turn over rates in agencies. Often as the result of vicarious trauma, a therapist's initial sense of hopefulness is replaced with cynicism. According to Pearlman and Saakvitne (1995):

As trauma therapists and researchers, we carry hope for the human capacity to heal from the effects of trauma. If we lose this hope, the legacy of trauma becomes more ominous, leaving survivors alone with grief and despair that follow traumatic loss. Overall, cynicism represents a loss to society of positive energy, optimism, and hope. When helpers lose their faith and fervor, despair paralyses the world (p. 7).

Burnout

It has been suggested that vicarious traumatization may lead to burnout (Neumann & Gamble, 1995). And burnout has been defined as the "...emotional exhaustion and cynicism that frequently occurs among individuals who do 'people

work'" (Maslach & Jackson, 1979, p. 59) or as "...the psychological strain of working with difficult populations" (McCann & Pearlman, 1990, p. 133).

Burke (1989) argues that professionals experience burnout on a continuum - that one can experience varying degrees of burnout symptoms. Symptoms of burnout include *isolation from family and friends* (Maslach & Jackson, 1979; Farber, 1990; Freudenberger, 1990), *emotional exhaustion* (Arvey & Urlemann, 1996; Barber & Iwai, 1996; Farber, 1990; Leiter, 1989; Maslach & Jackson, 1979; Freudenberger, 1990), *depression*, (Freudenberger, 1990), *sadness* (Farber, 1990), *cynicism* (Epstein & Silvern, 1990; Farber, 1990; Freudenberger, 1990), *frustration, anxiety and irritability* (Farber, 1990), *physical exhaustion* (Farber, 1990), *psychosomatic symptoms* (Farber, 1990; Freudenberger, 1990; Maslach & Jackson, 1979), and *insomnia* (Freudenberger, 1990). And with respect to their work, burned out professionals *experience detachment* (Freudenberger, 1990; Maslach & Jackson, 1979; Wilcoxon, 1998), *depersonalisation* (Wilcoxon, 1989), *negative attitude towards clientele* (Epstein & Silvern, 1990; Farber, 1990; Freudenberger, 1990; Maslach & Jackson, 1979) and *work* (Farber, 1990), *loss of authenticity and vitality* (Freudenberger, 1990), and *a reduced sense of personal accomplishment* (Arvey & Urleman, 1996; Wilcoxon, 1989) and *professional effectiveness* (Farber, 1990).

A variety of factors have been shown to contribute to the development of burnout in the professional. Included within these factors are: a stressful work environment (Maslach & Jackson, 1979), trying to meet unrealistic expectations (Lyll, 1989), working in a community agency (Arvey & Urlemann, 1996; Prosser, Johnson, Kuipers,

Szmukler, Bebbington, & Thornicroft, 1996; Raquepaw & Miller, 1989), organizational needs taking priority over the needs of clientele (Division of Mental Health, 1995) trying to meet two or more simultaneous demands (Barber & Iwai, 1996), role ambiguity (Barber & Iwai, 1996; Division of Mental Health, 1995), lack of clearly defined organizational goals (Wilcoxon, 1989), poor leadership (Division of Mental Health, 1995; Wilcoxon, 1989), having no control or decision making authority (Division of Mental Health, 1995), spending a lot of time on administrative paperwork versus with clients (Division of Mental Health, 1995), lack of mutual trust, respect, warmth between leaders and subordinates (Wilcoxon, 1989), discrepancy between effort exerted and perceived reward (Farber, 1990), case overload (Division of Mental Health, 1995), the perception of caseload as too large (Arvay & Urlemann, 1996; Raquepaw & Miller, 1989), working primarily with difficult and/or traumatized clients (Arvay & Urlemann, 1996; Division of Mental Health, 1995), a high recidivism rate in clients seeking services (Blair & Ramones, 1996), being effected by the trauma material (Arvay & Urlemann, 1996; Neumann & Gamble, 1995), not having supportive working relationships (Arvay & Urlemann, 1996; Division of Mental Health, 1995), and not having supportive personal relationships (Arvay & Urlemann, 1996),

Burnout in Shelter Workers.

Studies that have focused specifically on burnout in the domestic abuse shelter worker have identified a number of factors which have been shown to contribute to job stress and burnout among shelter workers. Domestic abuse shelter workers are particularly vulnerable to burnout because, in addition to working with a "difficult"

population, job related stressors commonly associated with the development of burnout are factors that are often present within a domestic abuse shelter (Epstein & Silvern, 1990; McKenna, 1986).

Domestic abuse workers work solely with trauma victims and trauma related work has been shown to contribute to the development of burnout (Arvay & Urlemann, 1996; Division of Mental Health, 1995). Further, unique to domestic violence work, and identified as a factor contributing to burnout among shelter workers, is the dynamics of the abusive relationship (McKenna, 1986). Those working with abused women may develop frustrations and a sense of hopelessness when encountering women who choose to remain in or return to abusive relationships (Limandri, 1987). Domestic abuse workers may also question their effectiveness as a worker if a woman returns to her abusive partner and is subsequently revictimized (McKenna, 1986). This lack of perceived professional success and/or effectiveness has been shown to be associated with burnout among professionals (Arvay & Urleman, 1996; Wilcoxon, 1989).

Shelter workers must be prepared to handle any crisis or emergency that arises within the shelter. Often a worker's daily work schedule is unpredictable as is the nature of crisis intervention work. Also associated with crisis work is a lack of client follow-up, often domestic abuse workers are left not knowing the long term outcome of their interventions. The crisis intervention nature of the work, lack of predictability associated with the work environment, and lack of client follow-up have all been shown to contribute to job stress and burnout among shelter staff (McKenna, 1986).

Researchers maintain that working in a community agency contributes to burnout

among professionals (Arvay & Urlemann, 1996; Prosser, et al., 1996; Raquepaw & Miller, 1989). A domestic abuse shelter is a community based organization and as such is subject to factors that contribute to burnout among its workers. Often, as is the case when working in an organization, shelter workers report that lack of decision making power with regards to residents, lack of clearly defined roles (Epstein & Silvern, 1990; McKenna, 1996), low salaries, lack of community support, lack of resources, and lack of specific organizational goals as all contributing to the development of burnout (McKenna, 1986).

Additional factors identified as contributing to burnout among shelter staff include, little discussion among staff about the positive aspects of work, working long hours, (Epstein & Silvern, 1990), conflicts arising from holding differing personal philosophies (Epstein & Silvern, 1990; McKenna, 1986), and lack of acknowledgement by administrators and board members of the work done by shelter worker (McKenna, 1986).

Like vicarious traumatization, the consequences of professional burnout, if left unaddressed, can be devastating to the shelter organization, the worker, and to the residents it is designed to serve. McKenna (1986) states that "It is contagious and dangerous and interferes with the full use of the limited resources that are available to help battered women and their children" (p. 22).

Summary

Hope literature shows that hope is a crucial element in the counselling relationship, and as an important characteristic for the counsellor to possess. As hope and

hopelessness are "contagious" or transferred from the counsellor to the client, it is crucial that those in the mental health profession be aware of their level of hope and work towards maintaining hope both personally and as it relates to their clients. Although viewed as important, hope in the professional helper is underrepresented in the literature. In an attempt to fill the gap in the current literature, this study was designed to examine the experience of hope in a mental health professional. A domestic abuse shelter worker was chosen because her work environment requires her to remain hopeful, yet the hazards (e.g., vicarious trauma and burnout) often associated with this type of work results in a reduction of hope.

Statement of Aims of the Current Study

The aim of the current study is to gain a better understanding of the personal and professional experiences of hope in a domestic abuse shelter worker. This study seeks to describe the factors that contribute to both the creation and maintenance of hope in the personal and professional life of a domestic abuse worker. Administrators of domestic abuse shelters may use the information gathered through this study. For example, administrators can use this information to develop hope-promoting strategies that will contribute to the creation of hope in its employees. Further, information gathered throughout this study may be used to guide the selection and training of new employees.

CHAPTER III

METHOD

Rationale for a Qualitative Study

The rationale for implementing a qualitative design for the present study was that I was interested in gaining a deeper understanding of a particular phenomenon: the personal and professional experiences of hope in a shelter worker. The qualitative method "...permits the evaluator to study selected issues in depth and detail (Patton, 1990, p. 13). A phenomenon is defined as "...the process, events, persons, or things of interest to the researcher" (Gall, Borg, & Gall, 1996, p. 545). In this study I was interested in examining a shelter worker's experiences and maintenance of a sense of hope in her life and in her work. The participant who was chosen for this study (see Sampling Procedures) clearly possessed hope in her life and in her work. I was interested only in examining her experience of hope and the factors contributing to this attribute. For the purpose of this research no attempt was made to measure her level of hopefulness quantitatively.

Rationale for the Case Study Method

The particular qualitative method that was employed for this study is known as the case study method. "A case study is done to shed light on a **phenomenon**..." (Gall, Borg & Gall, 1996, p. 545). Thus far no research has been conducted which examines a domestic shelter worker's personal and professional experience of hope, and conducting a case study allowed the researcher to focus on depth rather than breadth to illuminate this experience.



The Case Study Method

Stake (1995) writes that a "case is an integrated system" (p. 2). It is important when using the case study method to clearly define the parameters of the case. For the purpose of this study a "case" was defined as one woman who works at a domestic abuse shelter. The focus of inquiry was limited to her personal and professional experiences of hope. This exploration also included factors and/or characteristics that allow her to maintain a sense of hopefulness.

The objective of the case study method is not to form generalizations, instead its interest is in the particular (Stake, 1995, p. 8). The use of a case study method allows the researcher to provide a "thick description" of a particular phenomenon (Gall, Borg, & Gall, 1996, p. 549). "Generalizations" occur to the extent that readers are able to identify their own experience in the detailed description of the phenomenon provided by the researcher. In this study, the researcher provided a detailed description of the personal and professional experience of a single domestic abuse shelter worker.

In case study research, researchers regularly use numerous forms of data collection methods, including any combination of these six sources "...documentation, archival records, interviews, direct observation, participant-observation, and physical artifacts" (Yin, 1989, p. 84). For the purpose of this case study, I used two types data collection: Interviews and a brief observational period (see Data Collection). Yin (1989) maintains that there are two general strategies for analysis of case study data, "...relying on theoretical propositions... [and] ...developing a case description" (p. 107), and that "...much depends on an investigator's own style of rigorous thinking, along

with the sufficient presentation of evidence and careful consideration of alternative interpretations" (p. 105). This case study provided a thorough description of the information gathered during the observational period and interview sessions (see Data Analysis). Finally, in case study research it is imperative that measures are taken to ensure the accuracy of the findings (i. e., description of the case), and triangulation is regularly the means to accomplish this goal (Stake, 1995). As such, I have taken steps to ensure the trustworthiness (or validity) of the findings (see Trustworthiness).

Types of Case Studies

Stake (1995) has identified three types of case studies: (1) the Intrinsic Case Study, (2) the Instrumental Case Study, and (3) the collective case study. Stake explains that the motivation behind the "Intrinsic Case Study" is that there is an intrinsic interest in gaining information about a particular case. The value of an Intrinsic Case Study is seen solely in terms of gaining a deeper understanding of a particular case and not in using the information gathered to better understand other cases and/or problems. When motivated by the latter, the researcher should utilize the "Instrumental Case Study". The Instrumental Case Study is "...instrumental to accomplishing something other than understanding this particular [case]" (p. 3). Finally, when multiple cases are studied in order to gain information that will better help to understand other cases and/or problems, this is known as "The Collective Case Study". For the purpose of this exploratory research, I was interested only in gaining a deeper understanding of a particular case, no attempts were made to use the information gathered to explain other cases - as such this current research can be defined as an Intrinsic Case Study.

Bracketing: Personal Perspective

The underlying philosophy of the qualitative approach is that there is not one objective reality, instead there are many different subjective realities. Based on this underlying philosophy, it is argued that the beliefs, values, and attitudes of the researcher, directly influences what is being researched. "In qualitative inquiry *the researcher is the instrument*" (Patton, 1990, p. 14). As the subjectivity of the researcher impacts what is being studied, it is important that the reader is aware of my personal biases and assumption. With the knowledge of my preconceptions, the reader is then free to judge the accuracy of the interpretations and conclusions derived from the data.

I have had the privilege of working at an abused women's shelter. This two-year work experience as a relief shelter worker was both professionally and personally challenging. It was at this shelter that I truly learned of the unique dynamics of domestic abuse. Key to my learning experience was the understanding that, unlike other violent crimes, a domestic abuse victim often returns to her abusive partner only to be the recipient of further violence. I remember that quite early in my employment at the shelter, before I became familiar with the "regulars", each time a woman came into the house I felt hopeful that this attempt would lead to the successful separation from her partner. I remember completing an intake procedure with a woman who had separated from her partner for the 13th time; still, I remained hopeful that that this attempt to leave would be her last. In later conversations with colleagues I became aware of the differing opinions as to whether this woman would successfully separate from her partner. One colleague predicted that this woman would return home within a few days. Upon hearing

this remark I first doubted myself; thinking that my hopefulness was due to my on naiveté, but later I chose to embrace this willingness to be "naive". From that point on, I became sensitive to the remarks and wondered about the effect that this negative attitude had on the residents of the shelter.

My time working at the shelter also gave me the privilege of witnessing the work of an exceptionally hopeful shelter staff member. I heard of the effect that this particular shelter staff member had on the residents. The residents spoke of this woman's wealth of knowledge and of her genuine empathic concern. I had many conversations with this particular colleague, and after each conversation I left feeling empowered, passionate about my work, and hopeful that I could make a difference. I wondered what it was about this woman that made her stand out, both to the staff and residents of the shelter. I wondered what allowed her to remain so empathic toward the abused women and so hopeful in her life and in her work.

For the purpose of this research project I will use the terms "hope", "hopeful", and "hopefulness" interchangeably; I will do so because I believe that all words capture the same underlying phenomenon. I am aware of my assumption as it relates to the terminology I choose to use, and if necessary I will be open to the possibility of my participant having a different opinion on this issue.

As this qualitative research project examines the participant's experience of hope or hopefulness, it is important that I reflect upon my own beliefs regarding what is meant by the term "hope". I believe that hope is a state of being. Hope is not unrealistic. It is not a desire for life to be perfect. Instead, I believe that living a hopeful life is being

content with the notion that, although we encounter crisis and conflict in our lives, that we know things will be "okay", or that the world is "okay." In many respects I equate hope, or the act of being hopeful, with "spiritual peace" or "inner tranquillity". I understand that my conception of hopefulness may differ from that of my participants, and therefore I will employ care throughout the interview session not to impose my assumptions onto the participant.

I believe that the act of being hopeful is very much influenced by our interactions with others. I believe that our relationships with others can work to either enhance our experience of hope, or these relationships can reduce our level of hopefulness. My perspective of the value of these relationships, as they relate to domestic abuse work, will become clearer throughout the bracketing material.

Trauma literature points to the potentially negative personal and professional consequences of working with victims of violence. Some researchers have used the term "vicarious traumatization" to explain this negative impact. It is my assumption that my participant will have experienced some form of vicarious traumatization. I am aware that the terminology she uses to explain this phenomenon may differ, and as a researcher I will again be careful and allow her to use her own words to describe this phenomenon (if it does exist for her). Researchers have stated that vicarious traumatization can cause a worker to become cynical and less hopeful. These same researchers also maintain that employing self-care strategies can help to counteract the effects of vicarious trauma. I believe that the effects of working with trauma victims, especially domestic abuse survivors, can permeate all aspects of a worker's life. My experience with this aspect of

trauma work took me by surprise. Constant thoughts of potentially violent situations were a daily reminder of the effects of such trauma work. Thoughts of violence did not only interfere with my waking thoughts, but also crept into my dreams. I would have graphic violent nightmares about men with guns attacking me and other women. Extreme feelings of helplessness and fear were associated with these dreams, and these feelings influenced thoughts of myself as a woman and as a domestic abuse worker. Only when I began to acknowledge the impact of my work, and take steps to reduce the effect, did my nightmares begin to lose their intensity. It is my belief that acknowledging the effects of working with survivors of abuse is the first step toward self-care. Once acknowledged, the worker can then take steps to reduce vicarious trauma and consequently help maintain a sense of hopefulness. I believe that a counsellor who participates in a variety of self-satisfying activities not related to trauma work, and who relies on colleagues to discuss the impact of their work will increase their overall level of psychological health. It is my belief that self-care strategies will rejuvenate the worker and allow her to sustain hope.

While working at the shelter I became familiar with those women who temporarily left their abusive partners only to return to the shelter at a later date. In talking with these women I heard of their expressed hopefulness that this time the relationship would succeed, only to witness and share with them the disappointment that their wish had not been fulfilled. At times, I questioned my role in this process and wondered of my effectiveness as a worker. This sense of personal failure that sometimes permeated my thinking and did influence my sense of hope. I expect to find that if the

participant I interview has felt a similar sense of personal failure, she would also express a temporary reduced level of hopefulness in her work.

Through self-reflection and conversations with those in the profession, I have now come to a different understanding of the cycle of abuse and of my role in this process. I no longer view a successful intervention in terms of whether a woman permanently leaves her abusive partner. I now view my role as assisting a woman to challenge her views of relationships and of her own self-worth. Now, even if a woman returns to an abusive partner, I view my work to be a success if there is even a slight shift in her thinking. For example, if instead of taking ten years to realize that she doesn't deserve the abuse it now only takes three months - the cycle is shortened. I suspect that successfully maintaining hope is dependent on the worker's perceptions of her role in this helping process. If she believes that her role is primarily to help women permanently leave the relationship, because of the high rate of women returning to abusive partners, she will experience more professional failure than success, hence reducing her level of hope. I suspect that those workers who have changed their definition of success will be more likely to remain hopeful.

I believe that it is extremely important for those working with abused women, given the nature of the work, to have or seek positive relationships with men. I believe that the benefits of these relationships are multifaceted. First, as mentioned earlier, I believe that relationships with others can enhance hope. Having a positive, nurturing, and empowering relationship with a man (or anyone) can under most any circumstances increase a person's sense of hope. Second, given the dynamics of the working

relationship it is the worker's professional duty to give to, not take from the client.

Personal relationships with others, in many ways is the only opportunity a worker has to "take" from a relationship. Third, the nature of domestic abuse work may create cynical thoughts towards men. At times, when working with survivors I had periods when I could not help but think that all intimate relationships were in some ways abusive, that all men were abusive. During these times I found it to be extremely crucial to connect with my male friends. The time spent with these men worked to counteract my cynical thoughts. Positive male relationships helped me remain grounded in my work. This sense of being grounded in my work helped me remain hopeful. It is my assumption that a worker who is able to remain hopeful in her life and work has nurturing relationships with others, especially men.

Finally, I define myself as a feminist. I have examined a lot of feminist literature; both feminist theory and feminist perspectives on violence against women. This theoretical orientation influenced my personal approach when working with abused women. When working at the domestic abuse shelter I was aware of the society issues related to domestic abuse, as well as the abused woman's feelings and personal experience as a result of being abused. At times, my sense of hopefulness about my work was reduced when I focused on the extreme rates of domestic violence, rather than on each individual woman's experience. It is my belief that obsessing on domestic violence on a society level would facilitate feelings of hopelessness. Focusing on the extent of domestic abuse in society may minimize a worker's belief that she can make a difference, hence increasing her feelings of hopelessness. It is my belief that workers who

predominantly view domestic abuse on an individual level will focus their energies into assisting one abused woman at a time. This perspective or approach facilitates hopefulness as changes in one abused woman's life circumstances are seen as valuable, therefore increasing the counsellor's personal sense of accomplishment. This sense of professional accomplishment may work to increase the counsellor's sense of hope.

Having worked in a shelter I have experienced work situations and emotional reactions similar to those of my participant; this commonality will facilitate comfort and open discourse with the participant. A second advantage of having this work experience is that I will be familiar with the language or special terms used by this organization; no time will be wasted having the participant explain or define these terms. In addition, this common language will allow for a more conversational approach to the interview. Finally, the participant was a former colleague as we both worked at the same domestic abuse shelter. Having had a prior working relationship with the participant prior to conducting the interview will minimize or eliminate the time needed for the participant to become comfortable with me as the researcher. This comfort level may also assist in a more open discourse on the related topics.

These presuppositions and preconceptions are likely to influence the formation of my interview questions, and the tone or nature of the discussion with the participant. As I am aware of my assumptions, I am better equipped to ensure that I make a conscious effort not to introduce these attributes when I interview the participant, instead only if they arise from the participant's responses will they be discussed. As well, because I am aware of these biases I will be careful not to misinterpret the responses given by the

participant; throughout the interview session the participant will be given the opportunity to clarify or correct any misconceptions I may have had regarding her statements. In addition, allowing an "objective" observer, such as my supervisor, to review all transcripts and subsequent interpretations, will provide additional assurance that my biases will be minimized.

Participant Selection

The present research employed the case study method of inquiry, and only one participant was selected to take part in the study. As my specific interest was in examining a "hopeful" shelter worker, purposeful sampling was used in selecting the participant. According to Gall, Borg, and Gall (1996), in purposeful sampling, the researcher attempts "...to select cases that are likely to be information rich with respect to the purpose of the study" (p. 218). Actively searching for an individual who displayed a sense of hopefulness ensured that the interview data described the phenomenon of interest.

For this study, I first approached the "house manager" of the one domestic abuse shelter located in a small isolated PEI community, and I informed her of my interest in examining the hopefulness of a shelter worker. My decision to select a participant from this particular shelter evolved from my previous connection to the shelter. I believed that my familiarity with the shelter and the staff would facilitate "entry" into the shelter as administrators and staff would be familiar with me. In addition, it was my belief that the data collection (see data collection) would be made easier because of this familiarity.

I first spoke with the house manager because her position at the shelter requires

her to supervise and evaluate the work of the shelter staff. The house manager is the only administrator who works inside the shelter on a daily basis with the shelter staff, and as such she was in a great position to nominate a staff member who possessed the characteristics of interest for the study. I asked her to nominate a staff member who displayed hopefulness in her work and someone who had the ability to clearly and honestly communicate these characteristics. As I was interested in how the worker could maintain hope in her work, the nominee had to have long-term work experience in the shelter. The staff member selected by the house manager was then "approved" by the executive director of the shelter association. Because two administrators agreed in selecting one particular worker, this increased the likelihood that an appropriate participant had been found. It is important to note that although I was familiar with many of the shelter's employees I did not influence this nomination process, instead I allowed this decision to be made exclusively by the administrators of the shelter.

The woman who was recommended by her employers was contacted by telephone and asked to participate in the study. A brief introduction of the nature and purpose of the study was provided over the telephone. Upon agreement to participate in the study, the researcher assured the participant that further information would be provided to her after the researcher arrived on PEI and prior to beginning the data collection.

Background Information

Sandra¹ has worked as a domestic shelter worker on Prince Edward Island since 1988. Sandra did not receive formal educational training prior to her employment at the

shelter, but since her employment has received ongoing training/education in the form of consultation and workshops, and she has personally sought out educational information. Since 1987, Sandra has worked on a volunteer basis with the PEI Rape and Sexual Assault Centre, and believes that the information and experience acquired as part of this organization has also assisted her in her current employment at the shelter.

The participant, Sandra, is a 37 year old married mother of two children, a 20 year old daughter and a 9 year old son. Since her early teens Sandra has had an interest in "working with people", especially with women and children. Several life events have fostered her "passion" in this area and a common theme throughout these events was an awakening of a feminist consciousness. Having a child at a young age and being introduced to strong feminist women and feminist ideologies as a young woman were pivotal in her professional development, as these events fostered her understanding of and appreciation for the commonalities in the lives of all women.

Sandra's current professional interest and approach has also been influenced by a personal history of abuse. Throughout her life she has witnessed a variety of abuses within her family of origin, in her circle of friends, and within her community. Sandra was victimized by sexual abuse as a child and sexual assaults as a young woman, and as a teenager she experienced abuse at the hands of her partner. As a young woman, Sandra received assistance (in the form of information) from the shelter in which she is currently employed. The experience of being a client at this shelter - *her* shelter - has influenced her current professional approach; as a worker she attempts to recreate the feelings of

1 Pseudonym

warmth, safety and openness that she experienced as a client.

Data Collection

The study employed two different data collection methods; first a series of in-depth interviews addressing the topics of interest, and second a brief observational period was conducted. Prior to any data collection, I met with the participant to provide her with a formal introduction to the study (See Appendix A for orienting instructions). In addition to the orienting instructions, I discussed with Sandra two areas that were felt to be of particular importance. First, that the nature of the case study method would not allow me to ensure confidentiality and anonymity, and secondly that potential tensions between staff members may arise because she, and not others, was selected to participate in the study. Sandra's questions and concerns were discussed during this initial meeting. The participant then read and signed the consent form (see Appendix B).

All formal interview sessions, including the initial meeting, were conducted at the participant's home. The interview format used in this study was the *general interview guide approach*.

The general interview guide approach involves outlining a set of topics to be explored with each respondent. The order in which the topics are explored and the wording of the questions are not predetermined. They can be decided by the interviewer as the situation evolves (Gall, Borg & Gall., 1996, p. 309).

The rationale behind using this approach was that it allowed the opportunity to address key issues, but also the flexibility to formulate questions as they arose in the interview situation. This flexibility allowed me to probe further to gain a greater understanding of

the participant's experience, and uncover material that was unexpected but relevant to the study. This approach also allowed me to use material uncovered in one interview to guide or influence questions posed in the next interview.

The interview guides were created to address the two main topics of interest (see Appendix C), specifically (1) her personal experience of hope, and (2) her professional experience of hope. (see Appendix C for sample interview questions). The interviews were conducted over a 3-week period and only one general topic was explored during each interview. The interview sessions continued until all areas were explored and saturation was reached. Three interview sessions were needed to complete the series of interviews; the discussion of her professional experience of hope was divided into two interview sessions due to an unforeseen interruption. Sandra was asked to record any thoughts or concerns that arose between interviews, and I began each interview by allowing the participant an opportunity to discuss these thoughts. My observations of the participant's nonverbal behaviour throughout the interview were recorded shortly after completing each interview. A total of approximately five hours of interview material was audio-recorded and later transcribed by the researcher. Prior to the analysis of the interview data, the participant was given a copy of the transcript to examine. The participant was given a copy of the transcript to allow her to clarify or comment on statements that she made throughout the interview sessions, and she made only few minor revisions to the original transcript.

Upon completion of the interview portion of the data collection, I then spent one day (12-hour day) observing the participant at work. Given the nature of the shelter

environment, that is its relatively small physical size and importance of interactions between individuals within the shelter, no attempts were made to hide my presence or purpose within the shelter. The participant was aware that she was being observed, so too were the residents and other staff members at the shelter. While in the shelter I interacted with the residents and, when appropriate, participated in shelter activities (e.g., preparation of the evening meal). For me not to participate would have created an awkwardness that was avoided with my decision to participate. Finally my former employment at the shelter, as well as my familiarity with the daily routine and physical environment, minimized the obtrusiveness often associated with observational methods.

The purpose of this observational period was to allow the researcher to (1) describe the participant's work environment and daily routine, (2) make observations of the participant as she worked and related to colleagues and clients. I also made use of the *informal conversational interview* during the observation period. This interview method allowed me "...to maintain maximum flexibility to be able to pursue information in whatever direction appear[ed] to be appropriate, depending on what emerge[d] from observing a particular setting or from talking to one or more individuals in that setting" (Patton, 1990, p. 281). This informal interview was used to supplement the information gathered through previously described interview methods. Extensive field notes were taken throughout this observational period; observations were recorded minimally every 60 minutes but often they occurred more frequently. The field notes included the above mentioned observations, as well as any thoughts, insights, and feelings that I experienced. Prior to conducting this observational portion of data collection, the shelter administrators

(the house manager and executive director) were asked to sign a consent form which allowed the researcher to gain entry into the shelter (see Appendix D). A detailed description of the observational component is included in the finding section of this report.

Data Analysis

The first component of the data analysis involved the analysis of the information gathered while observing at the shelter. Throughout the day, I took frequent notes about the observations made and/or information provided to me through conversation with the participant. I also recorded any thoughts and/or insights that would later assist in the analysis of this material. These written notes were examined shortly after the observational period ended. This examination was done so that I could clarify any confusion and/or elaborate on insights while the material was still vivid in my mind. The next step, involved reading and re-reading the recorded material, this process allowed me to make tentative decisions as to how to best organize the information gathered and to eliminate redundancies in the data. Finally, from the written material, I was able to create a succinct portrayal of the physical description of the shelter, described in detail two important daily routines, and highlighted the salient themes that were evident in the recorded material.

With regards to the analysis of the interview material, the first step of the data analysis involved creating a *case record*, where all "information is edited, redundancies are sorted out, parts are fitted together, and the case record is organized for ready access...". In creating a case record, I first transcribed all audio-recorded information.

Upon completion of the transcription, I once more listened to all of the audio-material to ensure the accuracy of the transcript. The second step involved in the analysis is known as *Interpretational analysis*. Gall, Borg, and Gall (1996), define interpretational analysis as "...the process of examining case study data closely in order to find construct, themes, and patterns that can be used to describe and explain the phenomenon being studied" (p. 562). The interview material was divided into two separate components (i.e., personal hope and professional hope), and each transcript was analyzed separately. First I read, and then re-read, the transcript to get a sense of the material in its entirety. It was at this time that I made initial comments on the information gathered. I then transformed the transcript into meaningful segments. A segment is "...a section of text that contains one item of information and that is comprehensible even if read outside the context in which it is embedded" (Gall, et al., 1996, p. 562). When necessary, I paraphrased the excerpts. After transforming the transcript into meaningful units, I read all segments and eliminated redundancies in the information. Themes were derived from each segment, and then the themes were placed into categories that best described the phenomenon that was studied. When appropriate, I included portions of the excerpted material. The inclusion of this "raw material" served to illustrate the themes, and will allow the reader to reflect on the accuracy of the analysis. The themes were derived from the data, and care was taken to ensure that I did not force the data into a preconceived set of categories (see Trustworthiness).

The Discussion section (see Discussion) of the report highlights the most the remarkable aspects of the information presented throughout the Findings section of this

report.

Trustworthiness

To increase the trustworthiness of the study, I created a *subjective audit*. A subject audit "...involves taking notes about situations connected to one's research that arouse strong positive or negative feelings ...[this process reflects] areas in which the researcher's own beliefs and background influence his perceptions and actions in the research setting." (Gall, Borg, & Gall, 1996, p. 558). I kept a research journal during the collection and interpretation of data, recording personal biases as well as procedure issues and observations.

A second strategy used to increase the trustworthiness of the study is known as *analyst triangulation*. Analyst triangulation uses multiple analysts to review the data (Patton, 1990, p. 468). My thesis supervisor served as an "objective" second analyst throughout the research process. The involvement of my supervisor, especially in the analysis of the data, helped to reduce the effect of my personal biases and preconceptions.

A second form of analyst triangulation was employed, specifically the participant reviewed the findings of the study. The participant was provided with a transcript of the interviews as to ensure its accuracy, and upon review of the transcript Sandra made only minor editorial changes. In addition, she was given a copy of the Findings section of the report, and upon review of this material confirmed that it accurately reflected her experience.

The administrators of the women's shelter nominated a woman to participate in the study. Administrators often evaluate the performance of their employees, and as such

were in a better position to determine the worker that met the criteria for the study. The woman nominated by her employers was approached to become a participant in this study. I made no attempt to persuade or coerce her to participate; only when she expressed a wish to become part of the study was she included as the participant. The two levels involved in the selection process provided assurances that only an individual who was qualified and who would provide accurate and honest information was included in the study.

I conducted in-depth interviews with the participant. The use of a detailed interview procedure allowed me to gain a deeper understanding of the phenomenon under investigation. This unstructured interview procedure also allowed me to ask questions to clarify the participant's responses and allowed the participant to ask me questions. This flexibility in the interview structure helped to minimize any confusion with regard to the participant's responses, and as such increased the accuracy of responses.

Ethical Considerations

The primary ethical consideration was to provide informed consent. In developing the "consent form" I attempted to respect not only the rights of the participant but also the rules outlined by the code of ethics for psychologists. The consent form designed for this study was in keeping with the Principle of Respect for the Dignity of Persons, specifically principles I.15, I.16, and I.18 (Sinclair & Pettifor, 1992, p. 31). As this study did not use any deception, the participant was be fully informed as to the nature of the study and was free to ask any questions she believed to be pertinent.

The use of a case study method created difficulty with respect to providing for

anonymity and confidentiality of the participant. Those individuals who are aware of Sandra's participation in the study will also be aware of her identity when reading the final report. As part of the informed consent procedures, I made Sandra aware of this difficulty prior to her agreement to participate in the study. In an attempt to offer some measure of anonymity, a pseudonym was used throughout the report. Steps to protect confidentiality were taken by ensuring that only my supervisor and I had access to the audio-recordings and field notes. All audio-recordings and field notes were properly stored as to prevent unauthorized access to this material, and all audio tapes were destroyed upon completion of the study. These procedures are in keeping with Principles I.37 and I.39 of the Canadian Code of Ethics for Psychologist (Sinclair & Pettifor, 1992, p. 37).

A potential ethical concern, that may arise as a result of the study, is conflict or tension between shelter staff. More specifically, because of the sampling procedures used, tension may arise as a result of the employer choosing a certain employee for the study, while not choosing others. The researcher addressed this concern by informing both the administrator and participant of this potential conflict; informing those involved allowed each to make informed decisions about their participation in the study, and whether they would choose to discuss it with co-workers. In addition, all interviews were conducted outside the shelter, as this reduced the appearance that a particular shelter staff had been singled out.

I believe that the shift work utilized by the shelter allowed minimal staff tension/conflict to be added with the addition of the observation component of the data

collection. Within each 24-hour shift only one shelter worker is present in the shelter; the administrator and one childcare worker were present from 8:30am to 4:30 after which the shelter worker was the only employee present at the shelter. As only one shelter worker is present on any given day, other shelter workers were not be present during this observational period.

Finally, given the sensitive nature of this type of work, all observational data was shown to both the participant and the administrator of the shelter prior to including it in the final report. The researcher wanted to ensure that confidentiality of the clientele was protected. Allowing the participant and the administrators access to this material prior to its inclusion in the report allowed a measure of assurance that confidentiality of clientele would be protected.

Limitations

The use of the case study method certainly limits the study's traditional generalizability. Given the limited research conducted in this area, the researcher felt that it was important to sacrifice conventional generalizability in order to gain a deeper understanding of the phenomenon of interest. This was a study of one woman's experiences of hope as such these findings may not be representative of other shelter worker's experiences. In addition, because the study focused on a woman's experience, these findings may not accurately reflect the experiences of men. Finally, because this study focused exclusively on the experiences of a shelter worker, these findings may not be representative of those helping professionals working outside of a shelter environment.

Again, the researcher believed that it was beneficial to limit the generalizability of findings in order to gain a deeper understanding of this phenomenon.

Finally, I was limited with regards to the inclusion of certain materials in the final report because of the population size of Prince Edward Island. Specifically, because of the small population size, a reader could determine who and/or what was being alluded to with relative ease. Therefore, detailed descriptions of certain significant events and/or client demographic information provided throughout the interview was modified or eliminated so to not breach the confidentiality and anonymity of those individuals utilizing the shelter services.

CHAPTER IV

FINDINGS

Description of the Work Environment

Physical Description of the Shelter

The shelter is a large three story house that resembles all other homes located in the area. The security system used to guard this home includes glass breaking sensors and magnetic locks on each of the three main floor doors. The door magnets are controlled by a control panel located at the main door and/or release switches located in the main floor office. "Panic buttons", small devices that can be carried by staff inside the shelter, provide an additional measure of security. The security system is directly linked to the police, who in an emergency, would automatically be sent to the location.

The shelter has six bedroom suites and has the ability to house 20 women and children. Observations were restricted to the main floor of the shelter, where all common areas and the main office are located. A small second office (occupied by the house manager) and the bedrooms and bathrooms used by the residents are located on the second floor. The entire third floor consists of a large play area for supervised use by the children residing in the shelter. Communication between the play area and main floor is made possible by a newly installed intercom system.

The main office serves as the "hub" of the shelter and it has many purposes. The office is used primarily by shelter staff and, unlike other areas of the house, residents are discouraged from entering the office when it is not occupied by a staff member. Many of the day-to-day operations of the shelter are performed in the office, (e.g., staff dialogues,

paperwork, making and receiving phone calls, etc.). The office also provides shelter workers, and other staff members, with the "quiet" space sometimes needed to "re-group" during a shift. Finally, the main office is equipped with a small bed and at night it serves as the sleeping area for the shelter worker on duty.

A small resource library is located inside the office and additional reading material and resource information (primarily pamphlets) are located around the house. During her stay at the shelter, a resident can take advantage of these educational resources. Also contained in the library are resources designed directly for the shelter staff, for example, material on vicarious trauma, compassion fatigue, and relaxation exercises. Finally, posted throughout the main floor of the house (including inside the office) are inspirational and motivational messages.

Two Important Daily Routines

Two daily routines were observed during the observation period: (1) "cross-over", and (2) supper. The following is a description of the nature and purpose of each routine.

Cross-over.

Present at the shelter during the observational period were Sandra (the shelter worker), Grey¹ (the house manager), and three adult residents. The child-care worker, who is typically present in the shelter, was on vacation. Immediately upon Sandra's arrival at the shelter at 9 a.m., she entered the main floor office and was greeted by me, Grey, and the now off-duty shelter worker who left shortly after Sandra's arrival.

¹Pseudonym

Sandra's day began with "cross-over". Cross-over is the term used to describe the morning exchange of information. Typically, the cross-over time is designed to be uninterrupted time. The child care worker, who is usually present at this meeting, monitors the telephones and intercepts all phone calls that would potentially interrupt this dialogue. As the child care worker was not present on observation day, this dialogue was interrupted once by a brief telephone call.

As was subsequently explained to the researcher, cross-over on observation day was atypical. Generally, cross-over consists only of transferring "task oriented" information needed for that work day (e.g., upcoming meetings and/or scheduled appointments). Cross-over on observation day was modified as both Grey and Sandra had been absent from the shelter for one week. Cross-over began with an informal and friendly "catch-up" conversation relating to events in their respective lives. Issues pertaining to the observational process were also discussed, especially issues relating to client confidentiality and resident comfort. Finally, as both workers were unfamiliar with the three residents of the shelter, the house manager systematically read aloud all the information included in the files of each of the three women. Information provided in the files gave both workers an appreciation for the events that precipitated each woman's entry into the shelter, a brief life history, and information pertaining to the daily activities and coping abilities of each of the women. Also discussed during cross-over were pertinent phone calls received at the shelter throughout the previous week. This exchange included information regarding both previous and potential residents of the shelter. The cross-over concluded by devising a list of activities that needed to be

attended to during that day. Because of the unpredictable nature of the daily routine, there was no discussion of "when" these duties would be performed.

Supper

Supper time in the shelter is experienced as a "family" event; a time in which members of this "temporary family" come together to share food and conversation. At supper time, both staff and residents attempt to set aside this time to be with one another, and the "chaos" often associated with shelter life is temporarily reduced.

Unlike lunch time, where each resident prepares lunch for herself and/or her children, a chore chart that is posted in the kitchen area determines who is responsible for preparing the evening meal. However, just as the sharing of the meal is a communal activity, so too is its preparation. Often other women (including the shelter worker) assist in its preparation. On observation day, two of the three residents, Sandra, and the researcher all participated in preparing and sharing the evening meal.

Salient Themes

Four salient themes emerged from the observational data; they are (1) Sincere concern and respect for others, (2) Hope, (3) Adaptability and flexibility, and (4) Importance of communication. The following is a brief description of the themes and examples of how each were manifested throughout the day.

Sincere Concern and Respect for Others.

Throughout the day Sandra continually displayed a genuine concern and respect for abused women both inside and outside the shelter. An example of this tendency was evident by the approach Sandra used to inform residents of the researcher's presence at

the shelter. After cross-over Sandra introduced herself to each of the residents as they awoke and entered the main floor of the house. At this time, Sandra, in my absence, discussed with each resident individually the nature and purpose of the observational process. Given the sensitive nature of the environment, Sandra wanted to ensure that all residents were given an opportunity to "decline" participation in this study, and she also wanted to assess the level of comfort each woman had about being "observed" by the researcher. Sandra (as was discussed in cross-over) explained to each resident that I was a former employee at the shelter, that I was collecting observation information to be included in a thesis, that I was bound by rules of confidentiality, and that no identifying information about the resident or her life situation would be recorded. Only after permission was obtained did I emerge to introduce myself to the residents. This example reflects Sandra's desire to include women in decisions that will affect them and her eagerness to discuss rather than impose demands on women.

Throughout the day Sandra's genuine concern and respect was made evident through her interactions with the residents of the shelter. Sandra approached each conversation with a willingness to truly listen to each woman in an attempt to understand her past and present situation. As was later explained to me, Sandra prefers to receive information from the residents rather than to rely solely on the information passed from worker to worker. She approaches information gathering in this fashion in an attempt to ward against potential biases, misinformation, and/or judgements that may be present when staff members relay information to one another.

Sandra also displayed concern for those women who were no longer residents of

the shelter. This concern was manifested during conversations Sandra had with both the house manager and I. In these conversations, Sandra talked specifically about the current circumstances of two previous residents. In these discussions, Sandra relayed both her concern for the well-being of these women, and her fears that the current events in the lives of these women would have devastating negative implications.

Hope

Sandra displayed an ability to find hope even in challenging situations. For example, Sandra received a phone call from a previous resident who described to Sandra difficulties that she was currently experiencing with the judicial and legal system, specially with the poor implementation of the Family Violence Laws (implemented in PEI in 1997). Sandra encouraged this woman to continue to inform the shelter of all difficulties she encountered in her attempt to remain safe outside the shelter. In conversations with me, Sandra expressed both her discouragement and frustration relating to this woman's experience. However, she also stated that this woman's difficulties could be recorded and used to precipitate the needed changes to this relatively new Family Violence Act. The hope displayed in this example, was the belief that this woman's experience, although personally difficult, could be used to benefit other abused women in similar circumstances.

Throughout this conversation, as with many other conversations that I had with Sandra, I observed the intensity in which she spoke of the difficulties associated with the work and the hope that arises from these adversities. Sandra is a woman who is not afraid of displaying her emotions when addressing emotionally charged issues. She made

no attempts to hide her sadness and frustration when discussing certain difficult issues. Similarly, Sandra spoke with passion when she talked of overcoming the difficulties or finding hope. It was clear through our discussions that Sandra was determined to create positive changes.

Adaptability and Flexibility

Throughout the day there were many instances in which Sandra displayed her ability to remain flexible and to adapt to situations as they arose. The nature of the work environment required Sandra to perform a multitude of different tasks, ranging from meeting the needs of the residents to completing minor repairs to the office desk. Often, Sandra had to quickly move from task to task and she was sometimes forced to perform multiple tasks at the same time. The most obvious example of this ability was displayed throughout the day when Sandra attempted to have conversations with others. Often, these conversations were interrupted by phone calls, visitors, and/or the needs of other residents at the shelter. Sandra had the ability to change roles quickly, always meeting the most pressing needs of the shelter, and most always appearing unnerved during the transition.

The Importance of Communication

Both oral and written communication between staff is viewed as extremely important, and this is made evident through the number of methods staff use to communicate with one another. Orally, all information required for an efficient work day is shared between staff members on duty. The major transfer of information occurred during the morning cross-over. However throughout the day there was a constant

reciprocal exchange of information, in which each staff member was kept apprised of new information as it developed. Important events that transpired in the absence of one staff member (e.g., during lunch break) were relayed to the co-worker upon her return. Beyond sharing of factual information, frequent yet often short discussions occurred between the shelter worker and house manager. During these discussions, ideas and/or concerns relating to past and present residents were shared and if needed, "plans of action" were discussed and developed. Also discussed were issues pertaining to the needs of the shelter (e.g., grocery lists, security system difficulties).

The written communications, although described by Sandra as a laborious process, were also considered to be an integral part of her work because these written records allowed for continuity in service. Two forms of communications directly relate to the transfer of information about residents of the shelter. First, a file is created for each woman who enters the shelter. This file serves to both officially document the woman's stay at the shelter, and as a form of communication between staff members. Included in this file is the "intake" information (e.g., personal history of abuse, precipitating incident, etc.) gathered upon a woman's arrival, as well as pertinent information about her daily activities (recorded nightly by the shelter worker on duty). These records are crucial as they allow the shelter worker to gain perspective on the woman's experience. Reading the file on a regular basis (on each shift) allows the worker to remain apprised of all relevant information occurring in the woman's life (i.e., whether she has made arrangements to leave the shelter, outcome of important meetings, etc.). On observation day, all files were read aloud during cross-over, typically Sandra

would have made time to read the files on her own.

The "task-sheet" is the second form of written communication relating to the residents. The task-sheet is designed to be an "at a glance" summary of all upcoming events for each woman in the shelter. The task sheet is updated on a regular basis, new items are added and completed items are crossed off. Typically, it is this task-sheet that is discussed at cross-over.

A third form of communication involves recording and summarizing **all** phone conversations (excluding personal communications) in a "phone-log". As is customary, Sandra read through all phone communications that occurred during her week absence at the shelter. Often, previous residents of the shelter will telephone the shelter for emotional support and/or to discuss their current situation. Reading this phone log allows all shelter workers to remain "connected" to these residents.

Finally, the fourth source of written communication is a scribbler located on top of the desk in the main office. This scribbler is filled with an eclectic group of messages and notes, and it is the only written form of communication that directly relates to the needs of the shelter and to the shelter staff. Personal and/or work-related messages can be "sent" from one staff member to another using this form of communication (e.g., messages stating the need to replenish materials, suggested grocery items, etc.). Also included in this scribbler are major and minor details of the daily activities (e.g., record of residents and staff movement - leaving and returning to the shelter, arrival of service or delivery personnel, etc.). Writing messages in this scribbler and reading its contents helps to ensure that the needs of the shelter are being addressed.

Personal Experiences of Hope

What follows is a description of Sandra's personal experiences of hope, which was derived from the information gathered during the first interview session. Throughout this section, the analysis begins with a description of the theme and this is often followed by an excerpt that is used to illustrate the theme.

Sandra's Hope Continuum

Hopefulness and Hopelessness: Anchors of Sandra's Hope Continuum

Hope and hopelessness are viewed as existing on opposite ends of a continuum of experiences. Anchored at each end of this continuum are opposite lived experiences; the experience of living a hopeful life differs dramatically from that of living a hopeless life.

Hope is the "light" and hopelessness is the "darkness".

Hope Continuum Grows With Age

With maturity this hope continuum has been lengthened; Sandra's lived experience of hope or hopelessness now varies in degree or intensity, and no longer is hope or hopelessness experienced as an "all or nothing" phenomenon:

...[O]ver the years it's gotten huge...so it takes much longer for me to get completely hopeless and I have much more vision of hope in the future...it just goes on and on, whereas before there would be a point where I thought "Okay, once you reach this kind of feeling [it] doesn't get any better than that".

Life Spent in Transition From Hopeless to Hopeful

A retrospective account of Sandra's lived experience, hope is depicted as fluctuating

along this continuum, and there has been substantial time in transition from hopelessness to hope. The hopeful end of this continuum is the preferred state of being. As such, there is a strong internal drive to move along the continuum towards hope:

...[A]s soon as I get there in that dark place [hopeless place], I know that I have a responsibility to start getting out of that place cause I don't like it there...I think there's a lot of time working my way up that continuum to a more hopeful place...

Movement Along the Hope Continuum is an Active Process

Hoping (the journey towards hope) is viewed as an active process that has developed with age. To be hopeful is viewed as a choice and a responsibility, and "work" is required to reach this goal. One is not a passive recipient of hope; hope must be created. "I can have a flash of total hopelessness...but [it] doesn't stay too long now. I'd say it used to stay longer...but as I've learned to work through things, and I think as [I] learn how to create hope [I] do it faster." Movement along the continuum occurs when hope is actively search for and/or received.

A "Shift" is Required for Movement to Begin

Movement along the continuum, or the transition from hopeless to hopeful, is initiated through an internal "shift" (i.e., a change in perspective). The greater the level or intensity of the hopeless feelings the greater the struggle to experience this "shift."

...[I]t just takes a flick to just make it something different, and of course the more hopeless [I] am the more work that it's gonna take...and that creates an energy to make [me] want to keep thinking that way and keep

going in that direction...

Internal (e.g., positive thoughts) or external (e.g., support received from others) factors are said to cause the shift, as such begin the journey towards hope.

Hope Creates Hope

Work (e.g., actively searching for and receiving hope) is required to initiate movement along the continuum. However, once begun, the journey towards hope occurs quickly and with little effort. Hope begets hope. The act of finding initial hope creates the internal desire and required energy to effortlessly continue along this continuum to a more hopeful state of being:

...[I]f [I'm] kind of at the hopeless end...and [I] have one thought that changes where [I'm at], that might lead to another thought...and then I can move through it pretty fast...and get to a more hopeful place pretty quickly.

The Lived Experience of Hope

The lived experience of hope is multidimensional; synthesis of the following components form the lived experience of hope.

Awareness of Hope

For Sandra, hope does not exist except in it's relation to feelings of hopelessness; to experience hope one must first have experienced hopelessness. "...[H]opelessness is where I have to start. So hopelessness to me is about a big black hole...and hope comes to me then in that place in little tiny ways".

An awareness of hope does not occur during hopeless times (e.g., personal adversity), nor is hope truly appreciated during extremely hopeful times - when hoping is

"easy". An awareness or appreciation of hope comes most saliently during the transition from hopelessness to hope.

Hope Comes From Adversity

Throughout her life, Sandra has experienced various personal struggles and difficulties that have fostered feelings of hopelessness and despair. However, it is in living through these adversities where hope is fostered; it is in these difficult times that hope has entered her life. Hope is viewed as a "gift" that is received in adversity. "It's a little light in a really dark place." Hope is the belief that she will overcome adversity.

Hope does not only arise through personal adversity, but it also from the adversity faced by important others. Hope is fostered by memories of the adversity faced by her female ancestors (i.e., mother and grandmother). Hope comes to her when she recalls the strength and determination displayed by these women through difficult times. It is through their ability to overcome adversity that she develops the inner confidence in her own ability to survive:

...[W]hen I'm having a bad time I tend to think about those people... it inspires me, it gives me hope that, you know, this day will pass and this time will pass, even if [I'm] going through a really rough time that it'll pass, it gives me that kind of hope to remember people that have come through lots....

Hope is also fostered by witnessing the transformation of others who are overcoming adversity:

...[I]t's an extremely intimate thing that you're a part of if you're the

person that's with someone who's sharing that kind of crisis experience [i.e., having been sexually assaulted] with you ...and they're finding hope in themselves and they're finding a reason to go on...and that is inspiring.

Hope is Empowerment

The Ability to Formulate Future Goals

To hope is to have the ability to formulate future goals; to envision a better life beyond her current life circumstances. This experience is best represented in its relation to feelings of hopelessness. "...[W]hen I'm really low [hopeless] it's more of a struggle to believe that I can change the circumstances or believe that it can be different".

The Belief that she can Reach Goals

A constant presence in Sandra's life has been her capability to "daydream" or to envision a better future. With maturity, this childhood skill has developed into the ability to "hope". With age, Sandra has developed the inner confidence and determination required to reach her pre-determined life goals:

I think I have a pretty good imagination...I can...still vision myself doing different things, which would be a daydream...I have this wonderful ability to go off into "fairy land" and make it the way I want it to be in my mind...and then if I want to take the steps to actualize certain part of that I can.

To daydream is to see a better future; to hope is more complex as it also includes the belief that she can reach these future goals. Past experiences of successful goal attainment serves to foster confidence in her ability to reach newly developed goals.

The Energy Required to Reach Goals

There is an underlying understanding that one must actively strive to reach goals.

Hope is the inner drive; the energy, inspiration, and/or motivation required to work towards reaching life goals. "...[I]t's an energy...it's an empowering thing and so you can hope for something else...". Once begun, this energy force blossoms creating a strong internal drive that facilitates goal attainment. "...[A]nd it's contagious...it just grows and grows and grows for me...it just gets bigger".

Ability to Hope Enhanced With Maturity

The ability to cultivate future aspirations and confidence in her capability to successfully realize her goals have developed with maturity. With age came knowledge and choice; a dramatic expansion of life possibilities. "I mean just the information and the empowerment again opening up that whole world...like being in a new world and a new way to look at things...". No longer was Sandra required to limit her ambitions by the unspoken rules of an oppressive environment:

...[W]hen I look back, you could only get to a certain level of hopefulness and anything beyond that meant that you were egotistical or arrogant or you just wanted too much and you were going to fall, and so you didn't, nobody did, everyone just kept it at a certain level...

Hope is the Removal of Barriers

The act of being hopeful is experienced as the removal of internal barriers that have prevented Sandra from experiencing life to the fullest. The removal of these restrictive barriers allow her to creatively "express herself" and to better appreciate life:

...[W]hen I'm extremely hopeful...I think I just take in everything around me...I absorb everything. The sky is bluer. The clouds are fluffier... The sun is brighter...everything just comes at me more vibrant you know...it's just such a great place to be...

Hope Occurs in Relation to Others

Although an internal experience, hope is fostered in relationships with others. Hope is described as a "gift" that is given to and/or received from others.

Hope that is Received

Especially when Sandra is experiencing personal adversity, she draws hope from supportive others. It is through their small acts of support, understanding, and kindness in these desperate times that gives her hope. It is through their belief in her inner strength and abilities to overcome adversity that hope is gained. It is in their willingness to remain positive, to see hope in her circumstances, and in their ability to see better life possibilities when her vision of the future is restricted that hope is gained:

...[H]ope comes to me in little ways...during the hard times anyway, when I think about "How did I get out of that?" ...it was people saying or acknowledging or recognizing little things about me that then I couldn't acknowledge in myself [e.g., strength, skills] and then move towards something that maybe I hadn't even thought of before...

Hope that is Given

Sandra views it as her responsibility to give hope to others - to find the hope in their current circumstances. She can only give the message of hope or create a positive

environment where hope can grow; whether this message of hope is received is dependent upon the receptivity of the individual. "I know I can't make somebody hopeful. It's not my job to make them hopeful. But I might be able to create an environment that it can foster in."

Hope is Spirituality

Hope is experienced as a "lightness", an "inner peace", a "calmness", an "essence" and a "positive energy"; characteristics that are all described as associated with spirituality. These aspects of hope can be communicated to another (e.g. in the form of "positive thoughts" or "positive energy") and this is viewed as especially important during times of crisis. "...I actually can visualize light around people...I'll visualize myself getting bright and I'll visualize projecting that onto them...it's really about just trying to see some light - some hope in the situation...".

In addition, the spirituality component of hope is experienced as a "connectedness"; a feeling of being connected to something or someone beyond herself. In times of need she will draw on a higher power or "energy" for strength and hope "... [I will] look for something greater than myself to help me out...". Occasionally this act will come in the form of prayer. "I prayed and prayed and prayed and that gave me some hope that maybe it wasn't her [Sandra's mother] time [to die] - and it wasn't."

The final component of spirituality as it relates to hope is the belief that one can learn from adversity:

I...believe that everything that happens to you is a lesson - I don't think bad things happen to you because...there's more you have to learn ...but I just

think bad things happen and then you have to make choices about what you are going to do with that...

That one can *choose* to find hope in adversity; and that through adversity one can learn how to "create" hope.

Hope is a World View

She describes hope as a lens from which she can view the world. Through this hope lens human nature is viewed in a positive fashion and there is a strong belief in our ability to create positive change. "...[W]hen I'm hopeful and I'm having a great day, and feeling really inspired, I really believe in the good of the whole planet and that we can create anything and that we can make anything happen..."

Hope is Contagious

Hope is viewed as a "contagious" energy. This view of hope as a contagious energy can be divided into three components. First, that hope can blossom from within "...[W]hen I'm really hopeless, it's just [this] little tiniest little ray, little spark of light...and it just grows and grows and grows until it goes all around [me] as oppose to just in [me]...". Second, that hope can be spread from person to person "...that positive kind of energy that comes from positive people." And third, that hope can be absorbed from a hopeful environment. "... It can be really contagious...you gotta have a bit of energy to create the atmosphere [e.g., positive environment] that hope can live in and then the hope itself creates the energy for you..."

Professional Experience of Hope

What follows is a description of Sandra's professional experiences of hope, which

was developed from the information gathered throughout the second series of interview sessions. The analysis begins with a description of the theme and this is often followed by an excerpt that is used to illustrate the theme.

The Professional Hope Continuum

Sandra's professional experience of hope is again represented on a hope continuum. The experience of hope and hopelessness are again viewed as opposite lived experiences. Hope is experienced as a "desire" or "enthusiasm" for her work and hopelessness is experienced as "depletion" or "lack of motivation". Throughout her experience as a shelter worker, her placement along this continuum has fluctuated. She has experienced both extremely "hopeful" and "hopeless" times with respect to different aspects of the work. Movement along this continuum towards hope is viewed as so important that when it ceases to occur she will re-evaluate her involvement in the work:

I always need to maintain a certain level of openness and hopefulness about me and about the work that I'm doing...when I can't do that or...I'm in a bad place for too long then I really need to look at that and make some decisions about whether I should still be there [working at the shelter].

Factors Influencing Sandra's Placement on the Hope Continuum

Sandra has identified a variety of factors that has influence her placement along this continuum. Because she is unable to separate the "person" from the "professional", factors in both the personal and professional realms have influenced her placement on this continuum.

"Catching" Hope

Hope (or hopelessness) is viewed as a contagious "energy". This energy is present at an individual and collective level.

Individual Hope

On an individual level, working directly with the women at the shelter has influenced Sandra's level of hope or hopelessness. Sandra explained that when she is present with a woman who is "hopeful" or when she is present to witness a transition from hopelessness to hope, she herself becomes hopeful:

...[W]hen I'm sitting with a woman and I feel like she's going from hopeless to hope...inside myself I'm elated...I probably experience a lot of the same emotions...and I feel a lightness and I feel that light grow in me that I'm hoping she will also experience in her.

Conversely, when a resident in the shelter is experiencing feelings of hopelessness as a worker, Sandra identifies with these feelings and experiences feelings of hopelessness. "...[A]nd that [gaps in the system] creates feelings of hopelessness for her which in turn as a shelter worker makes me feel hopeless at times..."

Inter-agency Hope

Sandra explained that as a member of the shelter "team" she is influenced by the collective hope present in the work environment. "As far as the team goes... I think the energy of hopefulness in the work can be contagious but so can hopelessness be..." This collective hope (or hopelessness) is present within the shelter and as a worker in this environment she both contributes to and receives this hope energy.

Intra-agency Hope

Sandra describes a second form of collective hope that is the hope present across agencies working to assist women and children who have been victimized by violence. She describes a connection between domestic abuse shelters; traumatic incidents experienced in one shelter will influence experiences of staff at another shelter.

In addition, her role as a shelter worker requires her to work collaboratively with individuals in other agencies, and as such she is influenced by their feelings of hope (or hopelessness):

When [I] talk with people in other agencies...if I'm talking to an individual police officer I get a sense of his hopelessness...if I'm talking to a victim service worker...I can sometimes see how they might feel hopeless too, or a child protection worker...I think it's a global kind of feeling...

Change

Sandra describes her hope as intimately connected with change; where indicators of positive change serve to foster hope and "feeling stuck" generates feelings of hopelessness. These perceived changes can occur on three separate but related levels (1) changes in society and (2) changes in the services provided by the shelter, and (3) changes within the individual women at the shelter.

Societal Change

Sandra describes her "biggest hope" as the desire to help create a society that no longer condones violence:

My hope still remains that I will change the world in my little way - one

by one...but in my own way that's the biggest hope - that individually and then collectively and then as a society and then as a nation - that we want to make it different then it is now.

Hope is generated when Sandra is presented with evidence that reflects these changing societal attitudes:

...[H]aving attitudes change, say with law enforcement, financial aid, legal aid...child protection...when [a] woman comes and say that she was treated well, given good information, good resources, that creates a kind of hope...that we're getting it as a society and we're getting the bigger picture and we're understanding the issues she's having to deal with.

Conversely, when presented with signs that movement towards change is stagnant, or a setback has occurred, hopelessness is fostered:

...[M]ost of what makes me feel hopeless would be political issues really...things that are bigger than what happens in the shelter but impact a whole lot on what happens to the women in the shelter...those are the things that often make me feel like "the system's so big and there's so many changes and so much work to still be done".

Service Change

Sandra explains that through her work at the shelter she has been involved in the introduction of new and innovative services designed to better meet the needs of women and children. The implementations of these services represent a "movement forward" and as such foster feelings of hope:

...[T]his organization, this particular group has done an incredible amount of different things [e.g., a children and mothers group designed to meet the needs of the children]...and I've had the opportunity to participate in a number of things that have just really impacted me personally and professionally in huge ways...that's a very uplifting thing to have happen after you're there for a long long time...

Individual Change

Witnessing the positive transformation in the lives of women who have used the shelter services foster feelings of hope. These changes can be demonstrated in a variety of forms and range in size from modest to extensive shifts. For example changes in the quality of life of residents:

When you have a woman who says she hasn't really had time to enjoy her children because of the crisis in her life at that particular time, and [I] happen to glance out the kitchen and she has the little one on the swing and she's laughing...

Or the larger shifts that occur when women become empowered. "I really like it when the women take an interest in wanting to, talking about the future and wanting to be able do something to change the system themselves...wanting to become part of a group...that's also a hopeful time."

Resources

The development of better resources at a societal, shelter, and individual level, foster feelings of hope. Hope is generated as these resources represent direct and/or

indirect improvements in the service offered to women and children. Conversely, awareness of the limitation of resources, especially at a societal level, can foster feelings of hopelessness.

Societal Level

Resources offered to residents

Improvement of resources at the societal level (e.g., new legislation, increase funding) generate feelings of hope as they often represent greater options for individuals experiencing domestic violence. Conversely, feeling of hopelessness are generated when she ruminates about the limited resources actually available to families (e.g., counselling services, financial support). "...[C]ertainly a lack of counselling for mom's and children - resources even for the offenders... there's just not enough low cost or free services like that available."

Resources for shelter staff

Adequate government funding or additional community support foster feelings of hope:

...[H]aving additional funding given to the shelter...the energy that came in when there was some additional funding at a time that we really needed it...having the resources that you need to do the work adequately - I'm not even saying perfect all the time and great all the time - but just adequately is a really big thing.

Shelter Level

Resources offered to residents.

Improvements in the services offered to the residents foster feelings of hope.

However, knowing that the shelter cannot assist all women in need generates feelings of hopelessness:

There's women that call and it's a housing issue maybe, and it's not a domestic violence issues and [I'm] talking with this person and [I] know they have nowhere to go and they don't fit your mandate and [I'm] having to turn them away and [I] don't know where they're going to go...

Resources for shelter staff.

Additional resources offered to the shelter team foster feelings of hope as they indirectly result in improvements in the services the shelter is able to provide to the residents. These resources consist primary of the allocation of funds that provide for both emotional (e.g. consultation sessions) concrete support (e.g. additional staff) and to shelter staff. "...[K]nowing that [I] could call in another worker to be in at that time because now there was the funds to do that - it created all kinds of hope for being able to maintain myself in the work..."

Individual Level

Resources offered to residents.

Feelings of hope are generated when Sandra is exposed to new learnings that will directly impact her work with the residents of the shelter. "...[S]o I see training and education in the work being a real central piece of creating a hopeful place...it's a great

asset when you're doing this work and it has created a lot of hope for me..." On the other hand, her restricted knowledge in certain areas generate feelings of hopelessness as they interfere with the quality of service she can provide. "...[I]f there's been a change in the legal process...or if there's been a change somewhere outside that's going to impact women in the shelter and I didn't really know about it".

Resources for shelter staff.

In addition, resources that allow her to remain "healthy" in her work foster feelings of hope as it indirectly result in better services for residents of the shelter (e.g., consultation sessions):

Right now especially with out shelter we're having counsultation sessions on a regular basis to look at issues that come up repeatedly, to ask ourselves questions about how we are going to deal with that – what is it that we would like to see happen...problem solve around situations that often leave [us] feeling hopeless.

Team Work

A team approach describes Sandra's perception of how to best serve the needs of women and children in crisis. Team work and coordination of services is viewed as an essential element needed to accomplish the objective of assisting victims of violence. As a shelter worker, Sandra views herself as part of two separate but related teams: (1) a shelter team and (2) an inter-agency team. The ability (or inability) to work together to assist women and children will influence her placement on the hope continuum.

Shelter Team

Hope is fostered when the team works together to assist women and children:

...[S]o the consultant really worked with myself and the outreach worker and the house manager and another shelter worker decided to become part of that planning - strategy kind of session about what we could do for this particular woman, and that was great, a great thing to be able to do.

However, feelings of hopelessness arise when tensions or conflicts between staff members interfere with the organizations ability to provide superior service to women:

Hope - hopelessness could also be when there's a lot of staff conflict...you really have to be the majority of the time working in a healthy kind of work environment where everybody's...working for the same outcomes...everybody has different approaches and different opinions...[and] if there's a lot of staff conflict that's a difficult time

Inter-agency Team

The coordination of services offered from a variety of agencies foster feelings of hope. "That we're [different agencies] working for...the best for this particular woman or children or family". Hopelessness can arise when a woman "falls through the cracks" due to gaps in services offered. Further, hopelessness is fostered when the perception is that agencies are working against one another in their attempts to best assist women:

I feel hopeless when a situation gets really out of control with a particular woman - it there's a lot of agencies involved and the kind of way that we choose to work with that woman is in conflict with other agencies in the way

that they want to work with the woman...

Validation

Feeling respected for the "important" work that is accomplished within the shelter fosters feelings of hope. This acknowledgement or appreciation can come from a variety of sources (i.e., residents, organization, and community).

Residents

Recognition from clients that the services were influential can occur in two forms, each fostering feelings of hope. First, receiving positive feedback from previous residents. Second, having a woman return to the shelter if/when needed. "...[S]o I feel a bit honored in the sense that we've done a good enough job that she feels it's okay to be back...that if she's in trouble and she needed a safe place that she thought of us...".

Organization

Validation at an organizational level includes the allocation of funds that enable staff to earn a respectable income. "...[T]o be paid fairly for the kind of work - I'm not even saying well cause you know we're a non profit organization...this makes me feel good...being at least recognized for the work...." The organization also shows appreciation of the work when it [i.e. board members] demonstrates a desire to hear about the work being done in the shelter, or an interest in learning more about staff and resident needs. "...[H]aving the board request information from us about what we se...it feels very respectful, it feels like they want to hear about what the difficulties are - that creates an environment where you're not feeling as hopeless...".

Community

Finally, hope is fostered when the community shows its appreciation for this sometimes isolating work. This recognition can occur as a result of additional government funding or through community donations. "...Having the community acknowledge the importance of supporting the shelter in the community..."

Communication

Communication, a factor influencing her placement on the hope continuum, must occur on multiple levels (i.e., shelter team, within the organization, and between organizations). Where free exchange of information generate feelings of hope, restricted communication can lead to feelings of hopelessness.

Shelter Team

Communication between team members includes the relay of pertinent information relevant to the needs of residents in the shelter. Because of the nature of shift work she often begins a process without learning how it is completed, exchange of this type of information allows for hope as it reduces isolation and produces closure.

Honest and respectful communication, especially in times of conflict, between staff members is also viewed as an important element with regards to generating hope:

...[A]nd it's to remember that when you're in crisis as a group or as two workers individually or however...it's to remember that it's **how** you do the process [of working through it]...are you respectful...to yourself and to the other person...but that creates a nice hopeful working place when you actually do get to the other side of that problem...or the other side of that

conflict...

Organization

Hope can be fostered when communication occurs at an organizational level, specifically when there is a reciprocal exchange of information between shelter staff and board members. As a shelter worker, she has a responsibility to relay the concerns of women and children to the board. This information provides insight that will allow the board members to lobby for greater societal changes. In return, receiving information about the work that the board members are doing to create greater societal change generate feelings of hope and empowerment:

It's always good to know what the organization is doing in the bigger picture.

Because when you're in the shelter and you're doing crisis intervention, you're doing little pieces of the work...while you're working in the shelter environment you're not really doing the big political piece of the work...you need to know that these issues [e.g., concerns of women] are going to the board and the board is addressing them in the community...

Inter-agency

Lack of communication between individuals in other agencies offering services to abused women fosters feelings of hopelessness. Two types of communication are valued but are rarely demonstrated. First, the relay of information pertaining to the needs of women. There is a sense that organizations are working in isolation from one another – not communicating to better address the needs of women which ultimately interferes with the services provided to women:

There's not a lot of opportunity to come together and create hope for us as a group...that we're all working for the best for this particular woman or children, or family situation and yet we're all doing it kind of in our own little isolated pockets and there isn't a whole lot of opportunity to come together and really be able to work on...keeping ourselves in an optimistic hopeful place by working towards the changes that we feel need to be made in order to make things smoother for that woman.

The second important, but unrealized type of inter-agency communication involves dialogue about the negative experiences as a result of the work. Hopelessness is fostered because of the restricted ability to "debrief" with individuals from other agencies after a crisis situation:

[After a crisis situation] you know there's a whole lot of people involved and you know that there's a whole lot of people that are also stressed or grieving...and knowing that you're bound by your rules of confidentiality within your organization that you really can't go out and talk about that with other people that you know may have been involved with that case.

Work Dynamics

A Feminist Organization

The opportunity to work within a feminist organization fosters feelings of hope. That is, to work in an environment that "lives" the message that it conveys to residents – that one has the right to be treated with respect and live free from abuse. That especially through difficult times, staff members are able to resolve conflict in a manner that

adheres to feminist values or principles. Hope is created when problems are resolved in a way that "recognizes differences", "honors equality", fosters feelings of "acceptance" and "freedom to choose".

Nature of Trauma Work.

Working with individuals who have experienced violence can have a negative impact on Sandra as a worker (e.g., vicarious trauma) and if left unaddressed this can lead to feelings of hopelessness. "I have a responsibility personally to be conscious of being stuck in a place emotionally myself for a very long time...[and it is perhaps due to] vicarious trauma around meeting a lot of people in crisis..."

Threat of Violence

Hopelessness can arise when faced with the reality that regardless of the services provided to a woman she can never be fully protected from potential of further violence:

...[W]hen you know that you've done the best you can for a woman, and maybe everything's in place – maybe charges have been filed and police have done a really good job and Child and Family have done a really good job – and we've [the shelter] done a good job...and the woman gets beat up on the street corner anyway.

However, the knowledge that women are provided temporary sanctuary at the shelter offers some hope.

The threat of violence extends to shelter staff. Working under the constant threat of retaliation can foster feelings of hopelessness:

...[O]ur own fear as shelter workers...that at any time there could be an

intrusion on the house – our own risk in the work. We walk down the same drive-way that the women walk down...we come in the same door.... We're known – this is a small province and you can't do this work...without being identified as a person who's doing work in anti-violence...so [we're] placing ourselves at a level of risk by doing the work.

Experiencing Adversity

Feelings of hopelessness and hope can arise when faced with adversity (i.e., staff conflict and struggles to assist women).

Staff Difficulties

When tensions arise between staff members it creates feelings of hopelessness in the "team" and in her as a worker. However, the respectful process in which conflicts are addressed foster feelings of hope and confidence that future conflicts will be addressed in a similar fashion.

I'm thinking about all the struggles that we've been through – that we've actually made it through – so those are all hopeful times and there's numerous times that that's happened – in small ways and in very large kind of crisis oriented ways – that we've done it and we will again.

Struggles Assisting Women

When faced with numerous difficulties in her attempt to protect and assist women Sandra experiences feelings of hopelessness. It is in the "lessons learned" from this process that generate feelings of hope – that the information gathered through this process can be used to create changes that will benefit other women and children.

Hope Creates Hope

Sandra describes hope as an infectious energy, that the initial creation of hope generates additional energy or hope. Factors that foster hope (e.g., evidence of changing societal attitudes, awareness of the benefit of services provided), generate in her a greater desire to create more change and initiates additional inspiration to perform her duties to the best of her abilities.

[S]o being hopeful means that I'm able to identify that the support has made a difference, that the information has made a difference, that there's some empowerment happening for the women that are using the service, and that generates [me] to keep wanting to do that and to seek out more skills to be able to give more information or more support or more understanding of the issues.

Person Influences the Professional Hope

Sandra explains she cannot separate the person from the professional. "I think I bring who I am to my job but I also think [that] my job helps me be better who I am". Sandra identified four areas where personal characteristics interact with the level of professional hope she experiences. First, that she must resolve personal issues that arise to ensure that she can continue to go to work each day feeling hopeful. Secondly, that her ability to actively search for and "find hope" helps to generate hope in her work. Third, her strong desire for self-actualization - an awareness that she will continue to learn and grow personally and professionally foster feelings of hope. Finally having personally experienced and witnessed violence fosters feeling of professional hope because this

experience has allowed her to fully appreciate the value of the service she provides. "I *know* that with information and support and real concrete information about what power and control is that...your whole outlook on those situations totally changes."

The Importance of Hope in the Work

Sandra views hope as a crucial ingredient in the helping relationship. Sandra's role as a shelter worker requires her to have the ability to foster hope in residents and to possess hope as a professional. Hope is viewed as such an important element that an inability to meet these "hope requirements" would serve as an indicator that she should contemplate leaving the profession:

I think that there can be a time when you just can't do the work anymore because you can't generate yourself to stay in a more hopeful place...I need to know that all the time...I need to know that one of my options is [that] maybe it's time to stop the work.

Hope (or hopelessness) is said to impact the individual and the team and each will ultimately effect the quality of services provided at the shelter.

Impact of Hope on the Individual

Hope Influences how Sandra Approaches the Work

To be hopeful in the work is to exhibit passion or a great desire to be part of the work that happens within the shelter. When hopeful she will arrive at work energized and enthusiastic – motivated to perform her duties to the best to her abilities. "...[P]art of my job is to go in there [shelter] with some openness and some lightness about me...[where] I'm going in with energy..." Conversely, when Sandra experiences periods of

hopelessness she lacks the inspiration or the internal drive to do good work.

Hope Influences how Sandra Evaluates her Success

Sandra's placement on the hope continuum will influence her perception of the impact the service is doing. When in a hopeful state she can truly appreciate that the information and support offered by the shelter does have a positive impact on the lives of women and children. "...[B]eing hopeful means that I'm able to identify that the support has made a difference...that the information has made a difference...that there's some empowerment happening for the women that are using the service." However, when feeling hopeless Sandra's focus is restricted to aspects of the work that are faulty or that are not working – it is difficult to discern how her work has benefited others.

Hope Influences Interactions with Residents

Hope is a crucial element when she is working with the residents in the shelter as it can have powerful effects on the quality of interactions, thus influencing the quality of service provided. When hopeful Sandra is more "open" – that is she is better able to provide emotional support to a woman in pain:

I'm more open to where a woman is at – or when she's talking to me I seem to have more room inside to hear her and to **really** listen, **really** pay attention to what she's saying and...ask questions if I don't quite get it.

On the other hand, when she is feeling hopeless in the work she conveys to women in the shelter that she is "closed" or unapproachable:

If you're not open and keeping yourself in a good place it can be a little more snappy, and you can be more judgmental and you can close down quicker

and you can cut the conversation off – and that's the effect of staying in a hopeless place...and I think that it has a really big impact on the women that use the service.

In addition, placement on the hope continuum will positively influence her presentation of available information and resources. Specifically, when hopeful she will take the time needed to be sure that a woman fully understands the options available to her. However, when hopeless she presents a restricted and negative view of options:

If I'm hopeless then I'm not gonna review information in a positive kind of way – I'm going to be pessimistic about it...and I'm not going to give the full picture of what could happen – I'm only gonna give...more of the negative aspects of that...I'm not gonna give a broad continuum to the women – as many choices...and that's what I do when I'm hopeless.

Impact of Hope on the Team "Togetherness"

Sandra describes the way in which feelings of hope (or hopelessness) will influence interactions with team members – thus impacting team "togetherness". The nature of the work requires individual members to work together to provide the best service available – it is especially important that tensions or conflict be resolved in a healthy and productive manner. Sandra's level of hope (or hopelessness) will influence her ability to participate in the healthy resolution of these conflicts. Hopelessness prevents self-reflection – an unwillingness to acknowledge and accept responsibility for bad decisions, mistakes, or inappropriate interactions with team members. When hopeful, she is better able to accept constructive criticism from colleagues, to honestly

examine how she could have approached a situation differently, and has the motivation to participate in honest dialogue with team members:

...[T]his is hard hard work and it hurts to take criticism you know, about your work. So certainly if I'm coming to work and I'm in a more positive optimistic healthy way emotionally, um I'm must more able to take a criticism or to look at what I could have done differently or how I would like to do it differently next time...

Impact of Hope on Residents

Hope is viewed as an important element improving the lives of residents in the shelter; as such there is a perceived responsibility to work towards instilling hope in women who use the services. The process in which this occurs dictates that she herself be hopeful – without hope healthy and helpful interactions with others are restricted.

Instilling Hope

Sandra views it as her responsibility to instil "realistic hope" in the residents at the shelter. To instil realistic hope is to convey a message that although she may face many difficulties as a result of her decision to leave an abusive environment, the decision to leave means that the quality of her day-to-day life will improve. Sandra believes that as a worker it is only her responsibility to present hope as an "option" – it is a resident's responsibility to receive this message of hope. The acceptance of this message of hope may not occur immediately, but Sandra has confidence that she will eventually receive the message.

...I think [that] somebody has to be in that place to receive that [message]

and maybe today won't be the day, maybe next week will be the time or maybe – you know, so it's just to...keep that option open and be really very realistic about it.

Sandra describes two ways in which she can contribute to the hopefulness of residents at the shelter. First, Sandra can assist in the creation of a hopeful work environment – creating an environment where hope can “live”. For example, (1) that she arrives to work with “positive energy” that sends a message to residents that she is approachable and willing to provide help, and (2) that she actively contributes to the factors that will keep the shelter team hopeful (e.g., honest communication, exchange of information), thus effecting the quality of service the team will provide.

The second method that will assist in instilling hope in residents involves the direct one-on-one interactions she has with residents in the shelter. Sandra describes that to instill hope in a resident is to first determine the woman's placement on the hope continuum and to “be there” with her (e.g., honor and respect her level of hope or hopelessness). Second, she must carefully ask future directed questions that will elicit responses to show that a woman's life will improve if she decides to leave the abusive relationship – that she will not remain hopeless forever. And she must provide a woman with information and resources that will educate her on options that are available to her. With this hope, or better vision for the future, residents can then make healthier choices for herself and her children.

Ability to Maintain Hope.

Sandra's ability to maintain hope in her work is influenced by a variety of factors

that occur on three separate but related levels: (1) The individual, (2) the shelter environment, and (3) the organization.

The Individual Factors

Belief that to Have Hope is a Responsibility

Sandra is motivated to stay hopeful in her work because she believes that it is her "responsibility" to possess hope. "I think it's my responsibility to be able to go to work and be open and be able to generate some positive emotion from my energy, from what I put out, and I call that hope." To be hopeful is viewed as an active process and maintaining it requires action. Sandra actively searches to determine the source of her hopelessness and to change situations that foster hopelessness. In addition, she actively searches to find hope in her personal life and in her work: it is in finding this hope that she is able to remain hopeful.

Self-care Strategies

Sandra has a repertoire of self-care strategies that help her to remain hopeful in the work. These sometime creative strategies assist her to overcome the difficulties associated with the work that if left unaddressed would foster feelings of hopelessness. Writing in a journal, taking long quiet walks near the water, listening to loud music, dancing by herself in her living room, "walking to the woods and having a good scream", and participating in a "cleaning frenzy", are all included in this repertoire of self-care techniques. Sandra's ability to set clear boundaries, her belief in spirituality and having a large support network also contributes to her ability to remain hopeful and healthy in her work.

Spirituality

Sandra holds strong spiritual beliefs. These beliefs allow her to "let go" of any unresolved or difficult issues that would interfere with her ability to remain hopeful in the work. "I'm a fairly spiritual person... when I really get in trouble I just kind of give it over, you know, and say 'Okay, tomorrow might be better.... What do I need to do to put this to rest?'"

Setting clear boundaries.

Sandra has a clear understanding of the limits associated with her work in this area. She is clear on what she "can" and "cannot" do. Her goal is to do what she can to the best of her abilities:

Sometimes there isn't a resource, there isn't the thing that that particular woman needs...and that's always tough, you know, to deal with that. So to know where my limits are in that, and to stay hopeful that at this time, in this place, that that's what's available and that's what I can do – and to know that that might not be enough but to get real clear – get real clear that I can be real good at what I can do.

Personal support network.

In her personal life, Sandra is surrounded by supportive individuals (i.e., a supportive family, supportive friends, and most importantly a supportive partner). These individuals support and acknowledge the work that she does and offer her emotional support when she is negatively affected by the work. In addition, these individuals help her find enjoyment in life when she becomes too serious as a result of the work:

They [children] just lighten me up... They can take a real bad day and make it a good one real fast just by coming through the door all happy and excited about something. So just their presence makes me better... They're just sweet - both of them. They make me laugh a lot...

A Desire for Personal and Professional Growth

Sandra has a strong internal drive to develop both personally and professionally. Continuous exposure to education and information foster feelings of hope as they represent growth or movement. The awareness that she has more to learn - that she will continue to grow in her work - allows her to remain hopeful:

...[W]hen I do something like that [i.e., participate in a new service] I realize

"God I've been there all these years and there's so much I have to learn."

You know. There's so much more that I can still learn and that's a very hopeful kind of experience to have.

Shelter Environment

A Feminist Philosophy

Working in an environment that lives by a feminist philosophy allows her to remain hopeful in her work, as it fosters an atmosphere of equality and acceptance. The knowledge that, even through conflict, she will be respected generates a greater desire to continue the work.

"Magical" Moments

Sandra describes a work environment that is filled with "magical" moments.

These moments are the result of the intimate interactions between residents in the shelter,

or the "connection" made between women:

...I witness a lot of wonderful energy from the women and how they treat each other...that piece of the work is probably what keeps a lot of hope alive for me personally – there's this warmth that's happening between them, you actually see it...it just keeps happening...and over time now I fill myself up a little bit with that...there's just an awful lot of good in people and... if you're watching for it it's right there in front of you.

As a worker, Sandra pays particular attention to these interactions, and uses these observations to "fill herself up" with hope.

Rituals

The participation of every day rituals contributes to her ability to maintain hope in her work. These rituals are simple daily events or occurrences that allow for "calmness in the chaos". They can be as simple as remembering to laugh – that humor can sometimes be used to break up the tensions that arise. Or they can involve more "formal" traditions like "tea time" – when everyone in shelter congregates in the kitchen and the environment is "normalized" at least temporarily:

I mean we have tea time at the house – where we all just sort of sit down and have a cup of tea in the middle of the afternoon...and [we] talk about the garden and [we] talk about the weather and [we] talk about what was in the newspaper that day – [we] just sort of normalize everything for a few minutes and [we are] just a group of women having a cup of tea.

Small Projects

The shelter environment is filled with small duties or responsibility – small projects that can be taken to completion. The personal reward and satisfaction that is associated with starting and finishing a project allows her to remain hopeful in her work:

Taking on a little project now and again and seeing it through from beginning to end... those kinds of things inspire me and get me going and get my creative juices flowing and keep my energy up and keep my enthusiasm going...often in this work you get people in crisis and they leave in crisis and you don't get to see the beginning, middle, and end – so when [I] take on a small project and get to finish it...that's a real rewarding feeling....

The Organizational Factors

Professional Support

The organization can demonstrate its support in a variety of ways, and each is said to contribute to her ability to remain healthy and hopeful in her work. The most valuable demonstration of this staff support is the allocation of funds that provided for the services of an external consultant. The services of this consultant are used in a variety of ways including: (1) To help in strategizing about how to best assist a resident, (2) to allow the team an opportunity to formulate goals and evaluate whether they have been met, (3) to offer the opportunity to "debrief" or discuss the negative ways in which this work affects her and her team, (4) to come together as a team to address issues that would lead to conflict or tensions:

We all deal with things differently and I think over the years we tended to

sort of brush off things and then they built into a resentment or a conflict later and I think that we're really working on trying to resolve things as they come up really quickly now and really bring it to the take...when there's a system in place and people are being honest...then things are getting addressed...

Additional factors include, the availability of administrators to "debrief" when needed, the overt acknowledgment and appreciation for the difficulty of the work, and the allocation of funds that provide for respectable remuneration, additional staff assistance, and additional training and educational workshops:

Access to information, resources, and things that have been going on [e.g., what has or has not worked in the past]...all that stuff is real important...and it feed you energy and it feeds you ideas and gets you and keeps you moving and keeps the energy level up.

Movement Toward Change

As Sandra's ultimate hope is to create a society that is free from violence, hope stays alive when the organization plays an active role in creating the needed changes in society. To know that she is part of a greater societal change allows her to remain hopeful in the work.

CHAPTER IV

DISCUSSION

Although there is a wealth of information presented in the previous sections of this report, the discussion section will emphasize what the researcher considered to be the most salient aspects of the findings. In part, the decision to include only certain portions in this section was to highlight the areas with the greatest potential for practical implications, as well as areas that have not been addressed in the in the previous literature. These areas are: (1) that hope is fostered through adversity, (2) that hope is needed to help women who have been abused, (3) that hope is a contagious energy, (4) that hope has healing potential, (5) that hoping is an active process, and (6) that organizational factors can foster hope.

Sandra maintains that hope is fostered through adversity, a sentiment that is also reflected in the previous literature (Benzein & Saveman, 1998; Dufrane & Leclair, 1984; Haase, et al., 1992; McGee, 1984; McEniry, 1985; Miller, 1985; Morse & Duberneck, 1995; Nowotny, 1989). She has experienced many struggles in her personal life and it is during these difficult times that the importance or appreciation of hope becomes apparent. It was hope that provided the motivation required to overcome these adversities, and it was success in changing her circumstances or actually overcoming these difficulties that produced an inner confidence (hope) that future difficulties could also be resolved.

Her view that hope arises through adversity is also reflected in her ability to remain hopeful when working with abused women in a shelter environment. First, she

describes the many struggles faced when working with abused women, especially difficulties in co-ordinating services to provide optimum assistance to women in need. These difficulties foster an internal desire to change the "system" – or movement towards her "biggest" hope (i.e., creating a society that is free from violence). Second, she describes the conflict or tensions that occasionally arise between staff members within the shelter. This friction is viewed as problematic as it interferes with the shelter's ability to provide support to women in children in crisis. Again, Sandra is driven to overcome these obstacles, motivated to work towards successful and respectful resolution of these tensions. It is in working through these difficulties in a healthy fashion that fosters hope – confidence that the team will resolve future conflicts, and that they will continue to treat one another in a respectful fashion.

Sandra believes that hope is needed to help women who are in crisis and who have experienced violence. This view is supported in previous literature, where it is maintained that hope is an important element in the counselling relationship (Dufrane & Leclair, 1984; Manrique, 1984; McEniry, 1985; Ruvelson, 1990 Synder 1995; Tollett & Thomas, 1995). Sandra believes that it is her responsibility to both possess hope and to work to instil hope in the residents inside the shelter, an assertion that is also reflected in the previous literature (Dufault & Leclair, 1984; Synder, 1995; Ruvelson, 1990). Sandra believes that not having hope will interfere with her ability to support women in crisis. Specifically, to not have hope will prevent her from actively engaging with those in need, thus preventing her ability to instil hope. Like Ruvelson (1990) and Dufault and Leclair (1984), Sandra believes that she should work towards fostering "realistic hope" – a hope

that acknowledges the difficulties associated with the future decisions abused women will face. Sandra's responsibility is limited to providing hope as an "option" – and that when she is ready, an abused woman will receive this hope message.

Not reflected in the current literature, because of its limited scope (i.e., individual counselling), is the importance of creating and maintaining a hopeful work environment. Hope and hopelessness are viewed as contagious "energies" therefore Sandra views it as her obligation to also work towards creating a work environment that exudes hope. In working in such an environment, Sandra can also draw from this energy, therefore aiding in her ability to remain hopeful (i.e., motivated and energized) in her work. Finally, this hopeful environment allows team members to experience a "togetherness", that ultimately reflects on the shelter's ability to provide services to women and children in need.

The importance placed on the value of hope in helping others extends beyond the professional realm to her personal life. In her personal life, Sandra has both experienced giving and receiving the "gift" of hope. As a result of a life filled with this reciprocal exchange of hope, she has developed an appreciation for the healing power of hope.

Sandra believes that "hoping" is an active process – that one must actively seek out to find hope, an assertion that is again supported by the current literature (Benzein & Saveman, 1998; Carson, Soeken, & Grimm, 1988; Dufault & Martocchio, 1985; Haase, et al., 1992; McGee, 1984; Nowotny, 1989). This willingness to actively search for hope (and find it), especially during difficult times, has contributed to her to remain hopeful in her life and in her work.

Sandra describes a life (both personal and professional) filled with transition – a desire to move out of hopelessness towards hope. And as is also reflected in the current literature (Babyak, Synder & Yoshinobu, 1993; Synder, 1995; Irving, Synder, & Crowson, 1998) she believes that hope involves the formation of future directed goals and the motivation to successfully attain these objectives. First, Sandra is internal driven to change adverse situations in both her personal and professional life. Second, Sandra has a strong desire for personal growth and professional development. It is through the awareness that she can and **will** continue to grow, that helps to enable her to remain hopeful in her work.

Sandra describes numerous difficulties associated with women in a domestic abuse shelter. For example, the nature of the clientele, (i.e. victims of violence) is said to contribute to feelings of hopelessness (i.e., a lack of enthusiasm and motivation). At these hopeless times, Sandra often questions her abilities, and that of the shelter, to be helpful. As indicated in the vicarious trauma literature (Newmann & Gamble, 1995; Pearlman & Saakvitne, 1995), these “symptoms” are often a common reaction of actively engaging with trauma victims. Sandra’s desire to actively work to minimize the negative effect of her work (i.e., vicarious trauma) may contribute to her ability to remain hopeful in her work. Self-care strategies that she regularly employs (e.g., walks, writing, dancing), are described as assisting in the development and maintenance of hope.

Sandra also identified characteristics associated with working in a domestic shelter that leads to a reduction of hope. For example, conflict between staff members, lack of community and organizational support and acknowledgement, and lack of

adequate resources. These factors have also been identified as contributing to the professional burnout of domestic abuse workers (Epstein & Silvern, 1990; McKenna, 1986). Sandra's willingness to acknowledge the presence of these factors (i.e., acknowledge the community support) when they exist may also contribute to her ability to remain hopeful in her work.

The current literature indicates that supportive relationships can foster hope (Carson, Soeken, & Grimm, 1988; Dufault & Martocciho, 1985; Forbes, 1994; Gaskins & Forte, 1995; Haase, et al., 1992; Hall, 1994; Millers & Powers, 1988; Morse & Duberneck, 1995; Raleigh, 1992; Yarcheski, Scoloveno, & Mahon, 1994; Wong-Wylie & Jevne, 1997), and interestingly, these relationships are also associated with the reduction of burnout symptoms commonly associated with difficult work environments (Arvay & Urleman, 1996). Sandra's ability to remain hopeful in her work may also be attributed the quality of her personal relationships, which are described as supportive and loving. In addition, she has a strong desire to create and maintain supportive professional relationships, again leading to the creation and maintenance of hope.

Finally, the organization is described as having the ability to foster hope in her as it's employee. Sandra explains that the organization's provision of adequate resources and education, interest in and acknowledgement of the difficulties associated with the work, and active participation in social change, all contribute to feelings of hope. It is with the continued support of the organization that she is able to remain hopeful when working with domestic abuse survivors.

Summary

Given the large amount of information presented throughout the findings of this report, it may have been appropriate to create a graphic that would have displayed the findings. I struggled with the decision of whether to include a graphic, but concluded that a final synthesis would better capture the material presented throughout the report.

Three salient themes are present within the findings and they are: (1) Hope is Action, (2) Hope is Helpful and Healing, and (3) Hope is a Contagious Energy. Prior to any discussion of these themes, it is crucial to note that Sandra is the central figure – that hope would not exist if it were not for Sandra's eagerness to accept hope as an important element in her personal and professional life. The following discussion of the salient themes will highlight the important role that Sandra plays in the creation and maintenance of hope.

The first salient theme that arose reflects Sandra's belief that hoping is an active process and that one is not a passive recipient of hope. Sandra does not wait for hope to come to her, instead she actively searches to find hope. This viewpoint is manifested in both Sandra's personal and professional life. For example, in her personal life, she has made the decision to only develop strong relationships with those who offer hope (e.g., positive energy). In her life she is purposely surrounded by individuals who give her the "gift" of hope. In addition, Sandra has described political or societal issues as the greatest contributors to her feelings of hopelessness in the work. To counteract these hopeless feelings, Sandra takes an active role in lobbying for societal change, thus minimizing these hopeless feelings.

The second salient theme present within the findings is the helping and healing potential of hope. Throughout her life, Sandra has experienced many personal adversities and as such she has personally witnessed the healing potential of hope. Having personally experienced the healing power of hope, Sandra has a great appreciation for the necessity of hope in her work. Sandra's personal experiences validate her desire to create a hopeful work environment and to foster hope in the women who use the shelter services.

The final salient theme, that hope is a contagious energy, is again manifested in both Sandra's personal and professional life. Personally, Sandra both gives and receives this energy – which often is represented in interactions with others by a supportive, positive, and/or optimistic approach to life's difficulties. Professionally, Sandra explains that the energy of hope (or hopelessness) can impact everyone present within the shelter, and that her responsibility is to exude a hopeful energy. As in her personal life, at work, Sandra's interactions are supportive, positive, and respectful – and it is through the nature of these interactions that the energy of hope is offered to another.

Implications for Practice

The findings of this case study indicate that for Sandra, hope is an important element in domestic abuse work, and that it is manifested at the individual, team, and organizational level. The findings also suggest that the organization can take active steps in nurturing hope in its employees, thus increasing its ability to adequately provide support services to abused women and children in need of assistance. Sandra maintains that the allocation of funds to provide resources and support, the overt gestures of

appreciation and acknowledgment for their work, active involvement in greater social change, and encouragement of team "togetherness", are examples of methods that can be used to promote and maintain hope (e.g., motivation, inspiration, enthusiasm etc).

In addition, the findings suggest that those who work in the area of domestic abuse take an active role in the creation of hope; the creation of personal hope and a hopeful work environment. Sandra believes that methods to accomplish this goal include, but are not limited to, self-care strategies to reduce the negative consequences of the work (i.e., vicarious trauma and burnout), actively working towards change, and the promotion a respectful work environment.

Finally, the findings of the present study may be used by administrators in the hiring of new employees. For example, administrators may choose to select those individuals who possess hope and who are internally driving to create a hopeful work environment.

Implications for Further Research

Findings point to the importance of a shelter team's level of hope or hopelessness. A hopeful work environment is said to have a dramatic effect on both the staff members and residents of the shelter. Therefore, it would be interesting to further explore how hope is experienced at the organizational level (i.e., fostered and maintained).

In addition, because the current case study is limited to one domestic abuse shelter worker, the information gathered on the perceived importance of a hopeful work environment on the experience of residents at the shelter is based knowledgeable "speculation". Therefore, it would be interesting to examine whether residents are in

fact aware of the level of hope or hopelessness within the shelter. And if aware, how these women are influenced or affected by the "shelter teams" level of hope or hopelessness.

REFERENCES

- Arvay, M. J. & Uhlemann, M. R. (1996). Counsellor stress in the field of trauma: A preliminary study. Canadian Journal of Counselling. 30(3), 193-210.
- Astin, M. C. (1997). Traumatic therapy: How helping rape victims affects me as a therapist. Women & Therapy. 20(1), 101-109.
- Astin, M. C., & Lawrence, K. J., & Foy, D. W. (1993). Posttraumatic stress disorder among battered women: Risk and resiliency factors. Violence & Victims. 8(1), 17-28.
- Babyak, M. A., Snyder, C. R., & Yoshinobu, L. (1993). Psychometric properties of the Hope Scale: A confirmatory factor analysis. Journal of Research in Personality. 27, 154-169.
- Barber, C. E., & Iwai, M. (1996). Role conflict and role ambiguity as predictors of burnout among staff caring for elderly dementia patients. Journal of Gerontological Social Work. 26(1/2), 101-116.
- Barnum, D. D., Synder, C. R., Rapoff, M. A., Mani, M. M., & Thompson, R. (1998). Hope and social support in the psychological adjustment of children who have survived burn injuries and their matched controls. Children's Health Care. 27(1), 15-30.
- Beaudin, M. (1999). Man charged with murder at shelter. The Montreal Gazette. Saturday, 12 June 1999. [Internet information - got it on August 10, 1999]
- Beaudin, M., King, M. & Parks, D. (1999). Shelter no secret to victim's husband. The Montreal Gazette. Friday, 11 June 1999. [internet information - got it on August 10, 1999]

- Beavers, W. R. & Kaslow, F. W. (1981). The anatomy of hope. Journal of Marital and Family Therapy, 119-126.
- Beck, A. T., Steer, R. A., Kovacs, M., & Garrison, B. (1985). Hopelessness and eventual suicide: A 10-year prospective study of patients hospitalized with suicidal ideation. American Journal of Psychiatry, 142(5), 559-563.
- Beck, A. T., Weissman, A., Lester, D., & Trexler, L. (1974). The measurement of pessimism: The Hopelessness Scale. Journal of Consulting and Clinical Psychology, 42(6), 861-865.
- Benedek, E. P. (1984). The silent scream: Countertransference reactions to victims. The American Journal of Social Psychiatry IV, 3(Summer), 49-52
- Benzein, E., & Saveman, B. I. (1998). One step towards the understanding of hope: a concept analysis. International Journal of Nursing Studies, 35, 322-329.
- Blair, D. T., & Ramones, V. A. (1996). Understanding vicarious traumatization. Journal of Psychosocial Nursing, 34(11), p. 24-30.
- Boddington, D. (1982). Battered Women: A Psychological Study of Women's Responses to Violence. Unpublished master's thesis, University of Alberta, Edmonton, Alberta, Canada.
- Boniello, M. (1990). Grieving sexual abuse: The therapist's process. Clinical Social Work Journal, 18(4), 367-379.
- Buehler, J. A. (1975). What contributes to hope in the cancer patients? American Journal of Nursing, 75(8), 1353-1356.

- Burke, R. J. (1989). Toward a phase model of burnout. Group & Organization Studies. 14(1), 23-32.
- Carson, V., Soeken, K. L., & Grimm, P. M. (1988). Hope and its relationship to spiritual well-being. Journal of Psychology and Theology. 16(2), 159-167.
- Campbell, L. (1987). Hopelessness: A concept analysis Journal of Psychosocial Nursing. 25(2), p18-22
- Campbell, R., Sullivan, C. M., & Davidson, W. S. (1995). Women who use domestic violence shelters: Changes in depression over time. Psychology of Women Quarterly. 19(2), 237-255.
- Clark, M. L. & Gioro, S. (1998). Nurses, indirect trauma, and prevention. Image: Journal of Nursing Scholarship. 30(1), 85-87.
- Curry, L. A., Synder, C. R., Cook, D. L., Ruby, B. C., & Rehm, M. (1997). Role of hope in academic and sport achievement. Journal of Personality and Social Psychology. 73(6), 1257-1267.
- Division of Mental Health. (1995). How to prevent burnout. International Nursing Review. 42(5), 159.
- Dufrane, K. & Leclair, S. W. (1984). Using hope in the counseling process. Counseling and Values. 29(1), 32-41.
- Dufault, K., & Martocchio, B. C. (1985). Hope: Its spheres and dimensions. Nursing Clinics of North America. 20(2), 379-391.

Dutton, D., & Painter, S. (1993). The battered woman syndrome: Effects of severity and intermittency of abuse. American Journal of Orthopsychiatry. 63(4), 614-622.

Elliott, T. R., Witty, T. E., Herrick, S., & Hoffman, J. T. (1991). Negotiating reality after physical loss: Hope, depression, and disability. Journal of Personality and Social Psychology. 61(4), 608-613.

Epstein, S. R., & Silvern, L. E. (1990). Staff burnout in shelters for battered women: A challenge for the '90s. Response. 13(1), 9-12.

Farber, B. A. (1990). Burnout in psychotherapist: Incidence, types, and trends. Psychotherapy in Private Practice. 8(1), 35-44.

Fargason, C. A. (1995). The influence of feelings on professional judgement. Journal of Child Sexual Abuse. 4(1), 99-102.

Fischer, K. (1988). Hope never ends: God's promise to the Elderly. Journal of Christian Nursing. p.32-35.

Forbes, S. B. (1994). Hope: An essential human need in the elderly. Journal of Gerontological Nursing. 20(6), 5-10.

Forte, J. A., Franks, D. D., Forte, J. A., & Rigsby, D. (1996). Asymmetrical role-taking: Comparing battered and nonbattered women. Social Work. 41(1), 59-73.

Freudenberger, H. J. (1990). Hazards of psychotherapeutic practice. Psychotherapy in Private Practice. 8(1), 31-34.

Frisch, M. B., & MacKenzie, C. J. (1991). A comparison of formerly and chronically battered women of cognitive and situational dimensions. Psychotherapy, 28(2), 339-344.

Gall, M. D., Borg, W. R., & Gall, J. P. (1996). Educational research: An introduction. 6th ed. White Plains, N. Y.: Longman Publishers.

Gaskin, S. & Forte, L. (1995). The meaning of hope: Implications for nursing practice and research. Journal of Gerontological Nursing, 21(3), 17-24.

Greenfield, L. A., Rand, M. R., Craven, D., Klaus, P. A., Perkins, C. A., Ringel, C., Warchol, G., Maston, C., Fox, J. A. (1998). Violence by Intimates: Analysis of Data on Crimes by Current or Former Spouses, Boyfriends, and Girlfriends. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
www.ojp.usdoj.gov/bjs/welcome.html (August 12, 1999).

Haase, J. E., Britt, T., Coward, D. D., Leidy, N. K., & Penn, P.E. (1992). Simultaneous concept analysis of spiritual perspective, hope, acceptance, and self-transcendence. IMAGE: Journal of Nursing Scholarship, 24(2), 141-147.

Hall, B. A. (1994). Ways of maintaining hope in HIV disease. Research in Nursing and Health, 17, 283-293.

Henning, L. H. (1987). The emotional impact of treating child abuse. Journal of Religion and Health, 26(1), 37-42.

Herth, K. (1990). Relationship of hope, coping styles, concurrent losses, and setting to grief resolution in the elderly widow(er). Research in Nursing and Health, 13, 109-117.

Hinton-Nelson, M. D., Roberts, M. C., & Synder, C. R. (1996). Early adolescents exposed to violence: Hope and vulnerability to victimization. American Journal of Orthopsychiatry. 66(3), 346-353.

Hughson, E. A. (1997). Women & Abuse: Their Meaning of Safety. Unpublished doctoral dissertation, University of Alberta, Edmonton, Alberta, Canada.

Kemp, A., Raulings, E. I., & Green, B. L. (1991). Post-traumatic stress disorder (PTSD) in battered women: A shelter sample. Journal of Traumatic Stress. 4(1), 137-148.

Kenedy, L. W., & Dutton, D. G. (1989). The incidence of wife assault in Alberta. Canadian Journal of Behavioral Science. 21(1), 40-54.

Kulh, A. F. (1984). Personality traits of abused women: Masochism myth refuted. Victimology: An international Journal. 9(3-4), 450-463.

Irving, L. M., Synder, C. R., & Crowson, J. J. (1998). Hope and coping with cancer by college women. Journal of Personality. 66(2), 195-214.

Leiter, M. P. (1989). Conceptual implications of two models of burnout: A response to Golembiewski. Group & Organization Studies. 14(1), 15-22.

Limandri, B. J. (1987). The therapeutic relationship with abused women. Journal of Psychosocial Nursing and Mental Health Services. 25(2), 9-16.

Lyall, A. (1989). The prevention and treatment of professional burnout. Loss, Grief & Care. 3(1-2), 27-32.

Manrique, J. F. D. (1984). Hope as a means of therapy in the work of Karen Horney. The American Journal of Psychoanalysis. 44(3), 301-310.

- Maslach, C., & Jackson, S. E. (1979). Burned-out cops and their families. Psychology Today. May, 58-62.
- McCann, L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. Journal of Traumatic Stress. 3(1), 131-149.
- McKenna, L. S. (1986). Job stress in shelters. Response. 9(4), 21-23.
- McEniry, R. (1985). Hope in counseling. Counseling and Values. 29(2), 184-185.
- McGee, R. F. (1984). Hope: A factor influencing crisis resolution. Advances in Nursing Science. 34-44.
- Mickley, J. R., Soeken, K., & Belcher, A. (1992). Spiritual well-being, religiousness and hope among women with breast cancer. IMAGE: Journal of Nursing Scholarship. 24(4), 267-272.
- Miller, J. F. (1985). Inspiring hope. American Journal of Nursing. P.22-24
- Miller, J. F., & Powers, M. J. (1988). Development of an instrument to measure hope. Nursing Research. 37(1), 6-10.
- Morse, J. M., & Doberneck, B. (1995). Delineating the concept of hope. IMAGE: Journal of Nursing Scholarship. 27(4), 277-285.
- Nekolaichuk, C. L. & Bruera, E. (1998). On the nature of hope in palliative care. Journal of Palliative Care. 14(1), 36-42.
- Newman, K. D. (1993). Giving up: Shelter experiences of battered women. Public Health Nursing. 10(2), 108-113.

Neumann, D. A., & Gamble, S. J. (1995). Issues in the professional development of psychotherapists: Countertransference and vicarious traumatization in the new trauma therapist. Psychotherapy, 32(2), 341-347.

Nowotny, M. L. (1989). Assessment of hope in patients with cancer: Development of an instrument. Oncology Nursing Forum, 16(1), 57-61.

Patton, M. Q. (1990). Qualitative evaluation and research methods. 2nd Ed. Newbury Park, California: SAGE Publication.

Pearlman, L. A. (1995). Self-care for trauma therapist: Ameliorating vicarious traumatization. In Stamm B. Hudnal (Ed) et al. Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators. Luthervill, MD; Sidran Press.

Pearlman, L. A., & Mac Ian, P. S. (1995). Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapist. Professional Psychology: Research and Practice, 26(6), 558-565.

Pearlman, L. A., & Saakvitne, K. W. (1995). Treating therapists with vicarious traumatization and secondary traumatic stress disorders. In C. Figley (Ed.). Compassion fatigue: coping with secondary traumatic stress disorder in those who treat the traumatized. New York; Brunner/Mazel.

Perakyla, A. (1991). Hope work in the care of seriously ill patients. Qualitative Health Research, 1(4), 407-433.

Prosser, D., Johnson, S., Kuipers, E., Szmuker, G., Bebbington, P., & Thornicroft, G. (1996). Mental health, "burnout" and job satisfaction among hospital and community-based mental health staff. British Journal of Psychiatry, 169 (3), 334-347.

- Rabkin, J. G., Williams, J. B. W., Neugebauer, R., Remien, R. H., & Goetz, R. (1990). Maintenance of hope in HIV-Spectrum Homosexual Men. American Journal of Psychiatry. 147(10), 1322-1326.
- Raleigh, E.D. (1992). Sources of hope in chronic illness. Oncology Nursing Forum. 19(3), 443-448.
- Raquepaw, J. M., & Miller, R. S. (1989). Psychotherapist burnout: A componential analysis. Professional Psychology: Research and Practice. 20(1), 32-36.
- Rusbult, C. E. & Martz, J. M. (1995). Remaining in an abusive relationship: An investment model analysis of nonvoluntary dependence. Personality and Social Psychology Bulletin. 21(6), 558-571.
- Ruvelson, L. (1990). The tense tightrope: How patients and their therapists balance hope and hopelessness. (1990). Clinical Social Work Journal. 18(2), 145-154.
- Ryback, R. F., & Bassuk, E. L. (1986). Homeless battered women and their shelter network. In E. L. Bassuk (Ed). The mental health needs of homeless persons. New directions for mental health services. San Francisco: Jossey-Bass.
- Saunders, D. G. (1994). Posttraumatic stress symptom profiles of battered women: A comparison of survivors in two settings. Violence and Victims. 9(1), 31-44.
- Schauben, L. J., & Frazier, P. A. (1995). Vicarious trauma: The effects on female counselors of working with sexual violence survivors. Psychology of Women Quarterly, 19(1), 49-64.
- Stake, R. E. (1995). The art of case study research. Thousand Oaks, California: SAGE Publications.

- Stone, L. H. (1984). Shelters for battered women: A temporary escape from danger or the first step toward divorce? Victimology: An International Journal. 9(2), 284-289.
- Sullivan, C. M. & Davidson, W. S. (1991). The provision of advocacy services to women leaving abusive partners: An examination of short-term effects. American Journal of Community Psychology. 19(6), 953-960.
- Snyder, C. R. (1995). Conceptualizing, measuring, and nurturing hope. Journal of Counseling and Development. 73, 355-361.
- Snyder, C. R., Simpson, S. C., Ybasco, F. C., Borders, T. F., Babyak, M. A., & Higgins, R. L. (1996). Development and validation of the state hope scale. Journal of Personality and Social Psychology. 70(2), 321-335.
- Tollett, J. H., & Thomas, S. P. (1995). A theory-based nursing intervention to instill hope in homeless veterans. Advances in Nursing Science. 18(2), 76-90.
- Uncapher, H. G., Gallagher-Thompson, D., Osgood, N. J., & Bongar, B. (1998). Hopelessness and suicidal ideation in older adults. The Gerontologist. 38(1), 62-70.
- Vesper, J. H. (1995). Conflicting relationships. American Journal of Forensic Psychology. 13(4), 5-20.
- Vesper, J. H. (1998). Mismanagement of countertransference in posttraumatic stress disorder: Ethical and legal violations. American Journal of Forensic Psychology. 16(2), 5-15.

Weaver, P. L., Varvaro, F. F., Connors, R. & Regan-Kubinski, M. J. (1994).

Adult survivors of childhood sexual abuse: survivor's disclosure and nurse therapist's responses. Journal of Psychosocial Nursing and Mental Health Services. 32(12), 19-25.

Wilcoxon, S. A. (1989). Leadership behavior and therapist burnout: A study of rural agency settings. Journal of Rural Community Psychology. 10(2), 3-14.

Wong-Wylie, G. & Jevne, R. F. (1997). Patients hope: Exploring the interactions between physicians and HIV seropositive individuals. Qualitative Health Research. 7(1), 32-56.

Yarcheski, A., Scoloveno, M. A., & Mahon, N. E. (1994). Social support and well-being in adolescents: The mediating role of hopefulness. Nursing Research. 43(5), 288-292.

Yin, R. K. (1989). Case study research: Design and methods. Newbury Park, California: Sage Publications.

APPENDIX A

Orienting Instructions

Orienting Instructions (Initial Interview):

I am conducting a study as part of my master's program at the University of Alberta. You have been nominated as a staff member who possesses an unusual level of hopefulness with respect to your work. Your administrator suggested that I speak to you, as she feels that you possess the qualities of interest in my study. As a previous worker at a woman's shelter, I am aware of the pressures and stress involved with working in this area, and I am always amazed at the perseverance of the staff.

Your participation would involve a series of in-depth interviews about your experience as a shelter worker. Specifically, I am interested in your personal and professional experiences. In addition to learning about your general experience, I'm interested in hearing about any specific instances where you felt particularly hopeful, as well as specific instances that made you feel unusually hopeless about your work. I am also interested in hearing about the factors that help you maintain this sense of hopefulness.

The interviews will be recorded on audio tapes so I can transcribe your responses to the questions. As you would be the only participant in this study, confidentiality and anonymity cannot be guaranteed. Those individuals who are aware of your participation in this study and who subsequently read the report will be aware of your identity. In an attempt to offer some level of anonymity, I will use a pseudonym that we can create together. Myself and my supervisor will be the only individuals who will have access to these audio-tapes. Other than your nomination, your boss will not be involved, and no information except the final document will be shared with her or your colleagues. The tapes will be destroyed upon completion of the study.

I will give you a copy of the transcripts to ensure that it is an accurate reflection of your feelings on this issue, and you may make any changes you would like. We will met again after you've read the transcript to discuss any changes you would like to make.

A second portion of this study will consist of my spending one day at work with you. This will give me an opportunity to observe your work environment, your daily work activities, and to gain insight into how you relate to colleagues and clients. This time may also help me with insights that may otherwise go unnoticed.

I look forward to the opportunity to learn from you and would be grateful if you would agree to be interviewed for this study. I believe that the information you could provide would be instrumental in the understanding of what factors help make an exceptional shelter staff worker.

APPENDIX B

Consent Form

Agreement to Participate in the Project
"Experiences of Hope in a Domestic Abuse Shelter Worker - A Case Study"

RESEARCHER:
Shelly Bernard, M.Ed Candidate,
(902) 882-2304

SUPERVISOR:
Dr. Ronna Jevne
Department of Educational Psychology, University of Alberta

Purpose of the Study: The purpose of the study is to gain a deeper understanding of the personal and professional experiences of exceptionally hopeful domestic shelter staff member. It is hoped that the information gathered in this study will help other shelter staff maintain helpfulness work.

I, _____, consent to participate in the thesis "Experiences of Hope in a Domestic Abuse Shelter Worker - A Case Study". This study has been explained to me and I understand the following:

- ❖ I will be involved in a series of interviews
- ❖ Each interview will be audiotaped and transcribed
- ❖ Interviews will vary in length
- ❖ I will read the transcripts and make any changes I feel are appropriate. I will discuss these changes with the researcher in a follow-up interview.
- ❖ I understand that confidentiality and anonymity cannot be assured.
- ❖ All information I share will be confidential, only the researcher and the thesis supervisor will have access to the audiotapes.
- ❖ My anonymity will be protected by the use of a pseudonym and identifying information will not be used in the report.
- ❖ I understand that potential tensions may arise between myself and other staff members as a result of my participation in this study.
- ❖ I can withdraw from the study at any time without undue pressure from the researcher.
- ❖ I can refuse to answer certain questions.
- ❖ Audio recordings of the interviews will be destroyed after the study has been completed and defended.
- ❖ I agree to be observed at work for the purposes of gathering additional data.
- ❖ I understand that observational data will be shown to my employer prior to its inclusion in the report. I understand that this step is implemented for the sole purpose of providing assurance that confidentiality of the clientele is protected.
- ❖ The information collected during the interviews will be used for the purpose of this present thesis, and future presentations and/or publications of the results.
- ❖ I have the right to request and receive a copy of the final project.

I understand that I have the right to contact the researchers if any questions or concerns arise about my participation in this study. I have had the opportunity to ask all of my questions about this study.

Participant Signature

Date

Researcher Signature

Date

Appendix C

Interview Guide

Project Title: "Experiences of Hope in a Domestic Abuse Shelter Worker - A Case Study"

A Some Background

1. How many years have you worked at the shelter?
2. Have you worked at any other shelter's prior to this shelter? If so, how many years?
3. Have you worked in a related profession? If so, what profession? How long?
4. What is your educational background and/or any training your received?
5. What do you think drew you to this type of work?
6. Do you have a history of abuse? If yes, do you feel that this has influenced your approach to helping others?

Questions Addressing Topics of Interest

1. Questions addressing participant's personal experience of hope:
2. Could you please describe what hope means for you?
3. Please complete this sentence. Hope is...
4. Hope looks like...
5. Hope feels like...
6. In your life, what factors do you feel have influenced your current level of hope?
7. Could you discuss any times in your life when your hope has increased or become stronger?

8. Thinking of the times in your life when your hope has increased, could you please describe that experience, remembering to include any thoughts, feelings, or bodily sensations you experienced.
9. Could you discuss any times in your life when your hope has decreased?
10. Thinking of the times in your life when your hope has decreased, could you please describe that experience, remembering to include any thoughts, feelings, or bodily sensations you experienced.

Questions addressing participant's personal experience of hope as it relates to working with abused women:

1. Thinking back over the course of your career, are there particular times that stand out where you felt particularly hopeful about your work? If yes, what factors were associated with these feelings of hopefulness?
2. Looking back on the times that you felt particularly hopeful about your work, how did these feelings influence how you perceived your work? How did these feelings influence how you approached your work? Your clients?
3. Thinking back over the course of your career, are there particular times that stand out where you felt particularly hopeless, or where you experienced a decreased sense of hope? If yes, what factors were associated with these feelings?
4. Looking back on the times that you felt particularly hopeless or experienced a decreased sense of hope, how did this influence how you perceived your work? How did these feelings influence how you approached your work? Your clients?
5. What factors do you feel allow you to remain hopeful in your work? Attitudes? Beliefs? Personal qualities?
6. What, if any, are your sources of support that help you remain hopeful?
7. Are there any structures within the shelter organization that you feel help to increase or maintain your current level of hope?
8. Are there any structures within the shelter organization that you feel decrease your current level of hope?

APPENDIX D

Domestic Abuse Shelter Administrators Consent Form

Agreement to Participate in the Project
"Experiences of Hope in a Domestic Abuse Shelter Worker - A Case Study"

RESEARCHER

Shelly Bernard, M.Ed Candidate
(902) 882-2304

SUPERVISOR

Dr. Ronna Jevne, Department of Educational Psychology
University of Alberta

Purpose of the Study: The purpose of the study is to gain a deeper understanding of the experience of an exceptionally hopeful women's shelter staff member. It is hoped that the information gathered in this study will help other shelter staff maintain a sense of hopefulness about their work.

I, _____, consent to participate in the thesis study "Experiences of Hope in a Domestic Abuse Shelter Worker - A Case Study." This study has been explained to me and I understand the following:

- ❖ I understand that the researcher will observe one staff member at work for a one day period.
- ❖ I understand that the researcher is bound by the same confidentiality issues as staff members with regards to clients who may be present during this observation period.
- ❖ I understand that no mention of clients names or other identifying information will be included in the report.
- ❖ I understand that I will have the opportunity to read the observational data prior to its inclusion in the report. The purpose of this step is to ensure that confidentiality of the clientele was not inadvertently broken.
- ❖ I understand that I have the right to remove this privilege at any time throughout the study.
- ❖ I understand that information collected during the observation period will be used for the purpose of this present thesis, and future presentations and/or publications of the results.
- ❖ I understand that I have the right to contact the researchers if any questions or concerns arise about the organization's participation in this study. I have had the opportunity to ask all of my questions about this study.

Position/Signature

Signature/Position

Date

Date

Researcher's Signature

Date